## L09 000048570

(Requ	estor's Name)	
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## **COVER LETTER**

SUBJECT: HEALTHY DELIGHTS II, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:				
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Phase return all correspondence concerning this matter to the following:				
r lease feturn an correspondence concerning this matter to the following.				
Kadir Altinova				
Name of Person				
HEALTHY DELIGHTS II, LLC				
Firm/Company				
1455 NW 107 AVENUE 432				
Address				
DORAL. FL 33172				
City/State and Zip Code				
kadiraltinova@yahoo.com				
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:				
Kadir Altinova 786 636-5886				
Name of Person Area Code Daytime Telephone Number	_			
Enclosed is a check for the following amount:				
■ \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Cortified Copy (additional copy is enclosed)} \text{Certified Cop (additional copy} \text{Certified Copy (additional copy})	Status & y			
Mailing Address:  Registration Section  Street Address:  Registration Section				
Division of Corporations Division of Corporations	Division of Corporations			
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healthy Delights II, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000048570</u> .	were filed on 10/23/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	•
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>
I hereby accept the appointment as registered agent and agi provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	ZORBA, YILMAZ ERHAN	1830 MERIDAN AVENUE #201	
		MIAMI BEACH, FL 33139	■Remove
			□Change
			□Remove
			Change
			□Add
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fective date, if other than the on effective date is listed, the date must	date of filing: 08/16/2021	to data of filing on m	(option	ial)
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ocument's effective date on the De	partment of State's records	•		
ecord specifies a delayed effective	date but not an effective t	ime at 12:01 a.m. o	on the earlier of: (b)	The 90th day after th
is filed.	, 45,00,000			
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	2021			
	, 2021	_	/////	
August 16				

Filing Fee: \$25.00