

Jul. 28. 2015 3:29PM
Division of Corporations

LEERRO & CHANDROS, PLLC

No. 87922
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L09000066889

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000171115 3)))



H150001711153ABCW

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : VICTOR LERRO & COMPANY, P.A.
Account Number : I20040000118
Phone : (561) 995-0064
Fax Number : (561) 995-7551

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WHOLESALE HEALTH GROUP LLC**

Certificate of Status	0
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Page Count	06
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850-617-6381

LERRO & CHANDROSS PLLC
7/15/2015 9:55:19 AM PAGE 1/001

No. 8792 P. 1
Fax Server



July 15, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WHOLESALE HEALTH GROUP LLC
7491 N. FEDERAL HWY.
SUITE C5 #297
BOCA RATON, FL 33487

SUBJECT: WHOLESALE HEALTH GROUP LLC
REF: L09000066889

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

YOU SHOULD SEND LLC AMENDMENT FORM

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: B15000171115
Letter Number: 615A00014788

* Document was sent on July 14th, please use
that date.

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LERRO & CHANDROSS PLLC
((H150001711153))

No. 8792 P. 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wholesale Health Group, 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:

Michael G. Chandross

Name of Person

Lerro & Chandross, PLLC

Firm/Company

50 SW 2nd Ave Ste 201

Address

Boca Raton, FL 33432

City/State and Zip Code

mcasanova@vcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael G. Chandross

561 995-0064
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

((H150001711153))

Jul. 28. 2015 12:23PM

LERRO & CHANDROSS PLLC

No. 8792 P. 4

ARTICLES OF AMENDMENT ((H450004711153))
TO
ARTICLES OF ORGANIZATION
OF

Wholesale Health Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 14th, 2015 and assigned
Florida document number L09000066889

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Simply Natural USA, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7491 N Federal Highway, Suite C5 #297

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33487

Enter new mailing address, if applicable:

7491 N Federal Highway, Suite C5 #297

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, FL 33487

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

((H450004711153))

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

((H150001711153))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2015 JUL 1 10 AM
TALLAHASSEE FLORIDA
SECRETARY OF STATE

((H150001711153))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: July 14th, 2013 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

2015

Signature of a member or authorized representative of a member

Michael G. Chandross, Atty in fact for Sandy Lipkins, President

Typed or printed name of signee

(C44500017 11152))