(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
_	, -	: !
APR 03 2012 L. Sellers		

Office Use Only



900226135679

04/02/12--01005--005 \*\*25.00

12 APR -2 PH & 21.
SECRETARY OF STATE
THE LIMANUSE EL BRIDA

## **COVER LETTER**

TO:	Registration Security Division of Corp			·		
SUBJE	ec⊤•	Private Aircraf	t Management, LLC			
501501			ed Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			Nicholas Kitchen			
			Name of Person			
	Private Aircraft Management, LLC					
			Firm/Company			
		485	1 Chancellor Drive #22	·		
			Address			
			Jupiter, FL 33458			
			City/State and Zip Code			
		nk E-mail address: (to	itchen31@gmail.com  o be used for future annual report notifice	ation)		
For fu	ther information c	oncerning this matter, please co	•	,		
	Nich	nolas Kitchen	at (_843 )2	00-8646		
	Name o	f Person	Area Code & Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
<b>₹</b> \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 10 Status & 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Private /	Aircraft Management, L	LU		_	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appear orida Limited Liability Company)	s on our record	<u>ls.</u> )		
The Articles of Organization for this Limited Liabi Florida document numberL1000000545	· · · · —	Jan 15, 20	110 an	d assigr	ned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :			
To Yo	our Health Vending, LLC				
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	ny," the designa	tion "LLC" or	the abb	reviation
Enter new principal offices address, if applicable	e:				
(Principal office address MUST BE A STREET A	DDRESS)				
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>			<del> </del>	
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on o	ur records, <u>e</u>	nter the nan	12 ne of t	<u>he :new</u>
registered agent and/or the new registered office	aduress nere:		65		Courses
Name of New Registered Agent:				70	
New Registered Office Address:			<u>වේ.</u> ලද්	<b>\$</b>	
	Ent	er Florida stre	et addr		
		, Floric	da		
	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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	····		Add Remove
***************************************	<u> </u>		AddRemove
			Add Remove
<del></del>			Add Remove
D. If amen —	ding any other information	a, enter change(s) here: (Attach additional sheets, if neces	sary.)
Dated	April 02		
		11 1 1t -	
	Signatu	re of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
		Nicholas Kitchen Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00