

L1000000131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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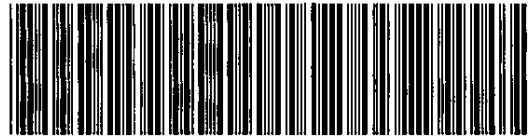
Special Instructions to Filing Officer:

A. LUNT

SEP 28 2010

EXAMINER

Office Use Only



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09/27/10--01004--009 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 27 PM 4:18

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL HEALTH AFICIONADO LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT E. ITKIN

Name of Person

SOUTH FLORIDA TAX

Firm/Company

5001 SOUTH UNIVERSITY DRIVE, SUITE B

Address

DAVIE, FL 33328

City/State and Zip Code

SFTAX@AOL.COM

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

For further information concerning this matter, please call:

SCOTT E. ITKIN

Name of Person

at (954)

458-2000

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (08/05)

2018 SEP 27 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
 NATIONAL HEALTH AFICIONADO LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE LLC COMPANY NAME SHOULD BE CHANGED TO:

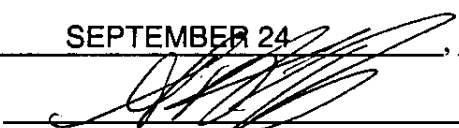
NATURAL HEALTH AFICIONADO LLC

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: SEPTEMBER 24, 2010.



Signature of a member or authorized representative of a member

SCOTT E. ITKIN

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

2010 SEP 27 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000100131
FILED 8:00 AM
September 24, 2010
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:
NATIONAL HEALTH AFICIONADO LLC

Article II

The street address of the principal office of the Limited Liability Company is:
5001 SOUTH UNIVERSITY DRIVE
SUITE B
DAVIE, FL. US 33328

The mailing address of the Limited Liability Company is:
5001 SOUTH UNIVERSITY DRIVE
SUITE B
DAVIE, FL. US 33328

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
SOUTH FLORIDA TAX, INC.
5001 SOUTH UNIVERSITY DRIVE
SUITE B
DAVIE, FL. 33328

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: SCOTT E. ITKIN

Article V

The name and address of managing members/managers are:

Title: MGRM
JEDD CANTY
5001 SOUTH UNIVERSITY DRIVE, STE B
DAVIE, FL. 33328 US

L10000100131
FILED 8:00 AM
September 24, 2010
Sec. Of State
ncausseaux

Signature of member or an authorized representative of a member

Signature: SCOTT E ITKIN