

L11000005017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2015 NOV 25 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 1 - 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BIGGEST BARGAIN 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:

ORANTES, JUSTIN G

Name of Person

HEALTHYDEALS LLC

Firm/Company

PO BOX 551211

Address

JACKSONVILLE, FL 32255

City/State and Zip Code

JUSTIN@HEALTHYDEALS.COM

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

For further information concerning this matter, please call:

JUSTIN G ORANTES

904 638-8978
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2015 NOV 25 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BIGGEST BARGAIN 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 01/12/2011 and assigned
Florida document number L11000005017.

This amendment is submitted to amend the following:

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

HEALTHYDEALS 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:

(Principal office address MUST BE A STREET ADDRESS)

8917 WESTERN WAY STE 20

JACKSONVILLE, FL 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ORANTES, JUSTIN G

New Registered Office Address:

8917 WESTERN WAY STE 20

Enter Florida street address

JACKSONVILLE

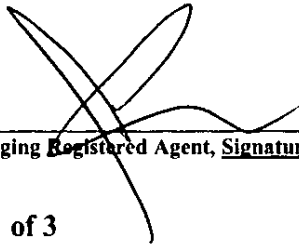
City

, Florida 32256

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ORANTES, JUSTIN G	8917 WESTERN WAY STE 20	☐ Add
		JACKSONVILLE, FL 32256	☐ Remove
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.

Dated NOVEMBER 24, 2015

Signature of a member or authorized representative of a member

JUSTIN G ORANTES

Typed or printed name of signee