

L11000091737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

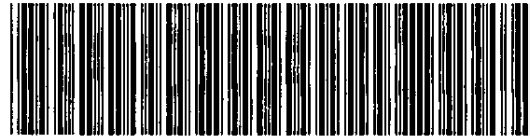
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800247855888

05/13/13--01023--014 **30.00

FILED
2013 MAY 23 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outagam MAY 23 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEKNIK ENTERPRISE 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:

CHARLES-ANTHONY RIVERA

Name of Person

HEALTHY OR NOT LLC

Firm/Company

319 TYLER ST UNIT 4

Address

HOLLYWOOD FL

City/State and Zip Code

anthony_4473@yahoo.com

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

For further information concerning this matter, please call:

CHARLES-ANTHONY

Name of Person

at (305) 300-6238

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

PAYABLE to FL Dept of STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2013

CHARLES-ANTHONY RIVERA
319 TYLER STREET
UNIT 4
HOLLYWOOD, FL 33019

SUBJECT: TEKNIK ENTERPRISE LLC
Ref. Number: L11000091737

We have received your document for TEKNIK ENTERPRISE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete form was not received. Missing page (2).

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 613A00012054

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2013 MAY 23 PM 4: 36

TEKNIK ENTERPRISE LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 AUG 10, 2011 and assigned
Florida document number L11000091737.

This amendment is submitted to amend the following:

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

HEALTHY OR NOT LLC

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

STORE ADDRESS

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2766 E OAKland Park Blvd
Fort Lauderdale 33306

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:

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 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 = Manager

MGRM = Managing Member

N/A

<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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

THE INDUSTRY TYPE IS FOOD SERVICE

NEW TELEPHONE NUMBER IS 877-357-4999

PLEASE MAKE EFFECTIVE IMMEDIATELY

I WILL DO ANNUAL REPORT BEFORE MAY 1ST - DONE

Dated ~~APRIL 20, 2013~~ MAY 9th 2013



Signature of a member or authorized representative of a member

CHARLES-ANTHONY RIVERA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 MAY 23 PM 4: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA