# L12000032760

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE

D. BRUCE

EXAMINER

### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2012

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LANDO KRAVETZ 21200 NE 38TH AVENUE, APT #2602 AVENTURA, FL 33180

SUBJECT: FLORIDA HEALTHY VENDING LLC

Ref. Number: L12000032760

We have received your document for FLORIDA HEALTHY VENDING LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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

Deborah Bruce Regulatory Specialist II

Letter Number: 512A00024137

12 OCT -8 PM 4: 37
SECRETARY OF STATE
TALL ARASSEF FLORIN

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporation	ons	sat	Pr NO.		
SUBJECT: FLORIC	A HEALTHY	VENDING LLC	·		
		ed Liability Company			
The enclosed Articles of Amend	ment and fee(s) are sub-	mitted for filing.			
Please return all correspondence	concerning this matter	to the following:			
	LAND	O KRAVETZ			
		Name of Person			
<del></del>		Firm/Company			
	22 200	NE 387A AVE, 26 Address	002	12 OC SECR	프
		A, FL 33180 City/State and Zip Code		2 OCT -8 PM 4: 37 SECRETARY OF STATE ALLAHASSEE, FLORIE	FILE
		City/State and Zip Code  2AVETER YATHOO. COM  to be used for future annual report notifical		E FLOR	0,
For further information concern			tion)	31	
LANDO KRA	VETZ	at (917) 741-30.  Area Code & Daytime T	18	_	
Name of Person	1	Area Code & Daytime T	elephone Number		
Enclosed is a check for the follo	owing 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 Fe Certificate of S Certified Copy (additional cop	Status & '	

#### 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

FLORIDA HEALTHY  (Name of the Limited Liability Comp.  (A Florida Limited	VENDING LLC  any as it now appears on our records.  Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L 2Z 0000 3Z 760	y were filed on 3/7/12	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here;		
KRAVETZ CONSULTING	LLC		
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Company," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable:		SE SE	
(Principal office address MUST BE A STREET ADDRESS)		CAR OC	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		AND TILED ASY OF STATE ASSEE, FLORIDA	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter the</u> ere:	name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
<del>/</del>	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	nt:		

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 Type of Action Address <u>Title</u> **Name** ☐ Add ☐ Remove Add Remove ☐ Kemove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 20TH 2012 SEP Signature of a member or authorized representative of a member

Page 2 of 2

LANDO KRAVETZ

Typed or printed name of signee

Filing Fee: \$25.00