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C. LEWIS

JUN 2 9 2012

EXAMINER

## **COVER LETTER**

...

TO: Registration Section  Division of Corporations					
SUBJECT: Healthy Vending of the Nature Coast 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:					
Robert T. Shaw Name of Person					
Healthy Vending of the Nature Coast FirmLeompany					
6424 Curtiss Lane					
Spring HILL, FL. 34608  City/State and Zip Code  Healthy revoling Nature coast panal. Com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Robert T. Show at 352, 650-2703  Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:  \$\frac{1}{2}\$\$25.00 Filing Fee \$\frac{1}{2}\$\$30.00 Filing Fee & Certificate of Status \$\frac{1}{2}\$\$Certified Copy (additional copy is enclosed)  \$\$\$ 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

ARTICLES OF O	12.//m 12.//D
Heulthy Vervaing OF the  (Name of the Limited Liability Compan (A Florida Limited Li	Nature Coast Charles STATE (ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on $05/16/20/2$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi $\mathcal{N}/\mathcal{A}$	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>N/A</u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	NA
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
M <u>GRN</u>	Robert T. Shaw	6424 Curtiss Lane Spring Hill, Fl. 34608	Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
		,,,,,,,, .	Add Remove
D. If am	ending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	) 
		**************************************	12 JUN
Dated	Mary 16 44 , 20		LED  11LED  11LED  11LED
	Robert T. Shaw Robert T. Shaw	r or authorized representative of a member	30 
	Typed	or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00