

L12000150018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

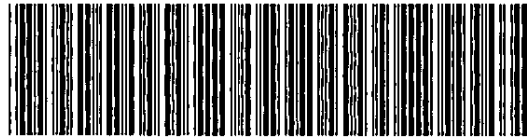
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

MAY 02 2013
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

HEALTHY CHOICES ORLANDO, LLC

SUBJECT: _____
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:

SHRAVAN PULIJALA

Name of Person

HEALTHY CHOICES ORLANDO

Firm/Company

343 BRENTWOOD CLUB COVE

Address

LONGWOOD, FL 32750

City/State and Zip Code

healthychoicesorlando@gmail.com

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

For further information concerning this matter, please call:

Shravan Pulijala

407 325-8605

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

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2013 MAY 21 AM 1:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

HEALTHY CHOICES ORLANDO, 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 11/30/2012 and assigned
Florida document number L12000150018.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

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

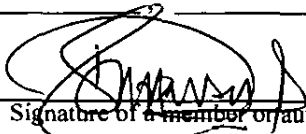
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SHRAVAN PULIJALA	P O BOX 952859	<input checked="" type="checkbox"/> Add
		LAKE MARY, FL 32795	<input type="checkbox"/> Remove
MGRM	DR. SRINIVAS SEELA	P O BOX 952859	<input checked="" type="checkbox"/> Add
		LAKE MARY, FL 32795	<input type="checkbox"/> Remove
MGR	DR. HARINATH SHEELA	P O BOX 952859	<input type="checkbox"/> Add
		LAKE MARY, FL 32795	<input checked="" type="checkbox"/> Remove
MGR	Harshavardhan Gagadam	P O BOX 952859	<input type="checkbox"/> Add
		LAKE MARY, FL 32795	<input checked="" type="checkbox"/> Remove
MGRM	Harshavardhan Gagadam	P O BOX 952859	<input checked="" type="checkbox"/> Add
		LAKE MARY, FL 32795	<input type="checkbox"/> Remove
MGRM	DR. HARINATH SHEELA	P O BOX 952859	<input checked="" type="checkbox"/> Add
		LAKE MARY, FL 32795	<input type="checkbox"/> Remove

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

Dated April 26 2013



Signature of a member or authorized representative of a member

SHRAVAN PULIJALA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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