## #L14000077105

(Requestor's Name)
(Address)
(Address)
(CibylChaka/7in/Dhana 40
(City/State/Zip/Phone #)
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K.SALY EXAMINER JUN 10 2014

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: F & Z Health Market 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:

Yue Feng

Name of Person

F & Z Health Market LLC

Firm/Company

P.O. Box 10562

Address

Pensacola, FL 32524

City/State and Zip Code

fandzhealthmarket@yahoo.com

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

For further information concerning this matter, please call:

Yue Feng

....347、8817988

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

2014 JUN-4 AMII: 46

TALLAHASSEE, FLORIS

F & Z Health Market LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

(A	A PIONGA LIMITEG I	ставину Company)	E. FLORIDA	
The Articles of Organization for this Limited Liab Florida document number L14000077105	oility Company	were filed on May 13, 2014	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
N/A				
The new name must be distinguishable and end with the wo	ords "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1331 Creighton Road Suite C		
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:		Pensacola, FL 32504		
		P.O. Box 10562		
(Mailing address MAY BE A POST OFFICE BOX)		Pensacola, FL 32524		
B. If amending the registered agent and/or registered agent and/or the new registered offi	· ·		er the name of the I	
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Florida street address		
		. Florida		
		. Florida		

## 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title **Address** Name N/A □ Add ☐ Remove □ Add ☐ Remove \_ 🗆 Add ☐ Remove ☐ Add ☐ Remove \_□ Add ☐ Remove \_\_\_\_\_\_ Add ☐ Remove

N/A	formation, enter change(s) here: (Attach addition	mai sneets, ij necessary.)
(The effective date must be speci	an the date of filing:  fic, cannot be prior to date of receipt or filed date and cannot by the Florida Department of State)	(optional) pe more than 90 days after
Dated June 2	Jue Teng	
	Signature of a member or authorized representative YUE FENG	of a member

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Filing Fee: \$25.00