L14 0001 25192

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TALL ARASSET FLORIDA

Leties LAN 24 PM

COVER LETTER

	gistration Sec vision of Corp		· · · · · · · · · · · · · · · · · · ·	•		
SUBJECT	Super Sa	ver Solutions LLC				
SUBJECT		Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspoi	ndence concerning this matter	to the following:			
		James M. La Manna	a.			
Name of Person						
James M. La Manna, CPA, PA						
		,	Firm/Company			
		PO Box 21455				
			Address			
		Bradenton, FL 3420	4			
			City/State and Zip Code			
		jim@lamannacpa.co	City/State and Zip Code			
			·	cation)		
For further	information co	ncerning this matter, please co	all:			
James N	1. La Mann	a	941 487 - 365	i 3		
	Name of	Person		Telephone Number		
Enclosed is	a check for the	e 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

Herbal Health LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) Plorida Limited Liability Company)	
he Articles of Organization for this Limited Liabil lorida document number <u>L14000125192</u>	lity Company were filed on August 11, 2014	and assigned
his amendment is submitted to amend the following	ng:	
. If amending name, enter the new name of the	e limited liability company here:	
Super Saver Solutions, LLC		
e new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
nter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	
nter new mailing address, if applicable:		
Agiling address MAY BE A POST OFFICE BOX	X)	
. If amending the registered agent and/or egistered agent and/or the new registered office	registered office address on our records, <u>ento</u> <u>address here</u> :	er the name of the
N. CN. D. L. LA		∄ 9: →
Name of New Registered Agent:		in City City City City City City City City
New Registered Office Address:		第四章
	Enter Florida street address	SS 5
_	, Florida	
	Citv	Zin Cade

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.

New Registered Agent's Signature, if changing Registered Agent:

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 Title Type of Action** <u>Name</u> **Address** ☐ Add ☐ Remove _□ Add _□ Remove □ Add ☐ Remove _ 🗆 Add ☐ Remove □ Add _____ □ Remove □ Add

☐ Remove

. If amen	ding any other information	on, enter change(s) here: (Attach additi	ional sheets, if necessary.)
	,		
•			
	<u> </u>		
(The effect	e date, if other than the drive date must be specific, cannot his document is filed by the Flori	be prior to date of receipt or filed date and cannot	
Dated	January 15	2015	
Dateu		8ha)	
	Si	gnature of a member of authorized representative	e of a member
	Aman P. Bedi		
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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