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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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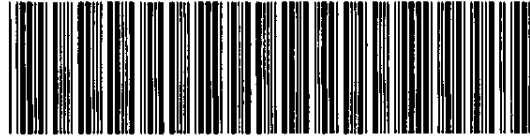
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthy Ventures and Innovations, 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:

Carlton Branker

Name of Person

Firm/Company

2114 N. Flamingo Road, Suite 202

Address

Pembroke Pines, FL 33028

City/State and Zip Code

cbranker@gmail.com

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

For further information concerning this matter, please call:

Carlton Branker

954 557-4016
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Healthy Ventures and Innovations, 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 September 12, 2014 and assigned
Florida document number L14000142952

This amendment is submitted to amend the following:

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

Not amending

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)

Not amending

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Not amending

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:

<u>Name of New Registered Agent:</u>	<u>Naomi Bab</u>
<u>New Registered Office Address:</u>	<u>2114 N. Flamingo Road, Suite 202</u> <small>Enter Florida street address</small>
	<u>Pembroke Pines</u> , <u>Florida</u> <u>33028</u> <small>City Zip Code</small>

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carlton Branker	2114 N. Flamingo Road,	<input type="checkbox"/> Add
		Suite 202	<input checked="" type="checkbox"/> Remove
		Pembroke Pines, FL 33028	
MGR	Naomi Bab	2114 N. Flamingo Road	<input checked="" type="checkbox"/> Add
		Suite 202	<input type="checkbox"/> Remove
		Pembroke Pines, FL 33028	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Not amending

E. Effective date, if other than the date of filing: None (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)


Dated _____, _____



Signature of a member or authorized representative of a member

Wendy Bab

Typed or printed name of signer


Carlton Branker

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Filing Fee: \$25.00

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