14000157448

(Re	questor's Name)	
(Ade	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE SECRETARY

COVER LETTER > . .

Divi	ision of Corp	orations				
SUBJECT:	Healthy Sol	Tan, LLC				
Name of Limited Liability Company						
The enclosed	l Articles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		Jeannie McClure				
	Name of Person					
		Healthy Solutions, LLC				
			Firm/Company	 		
		3381 Riverland Rd.				
			Address			
		Fort Lauderdale, FL 33312				
			City/State and Zip Code			
		MySmileSolution@gmail.co				
		E-mail address: (t	o be used for future annual report notific	cation)		
For further in	nformation co	ncerning this matter, please ca	ill:			
Jeannie McC	Clure		954 650-4046 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling 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)		

Registration Section

'TO:

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



June 8, 2015

JEANNIE MCCLURE 3381 RIVERLAND RD FORT LAUDERDALE, FL 33312

SUBJECT: HEALTHY SOLUTIONS, LLC

Ref. Number: W15000039633

We have received your document for HEALTHY SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 615A00011957

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 JUN 10 PH 12: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Healthy Sol Tan, LLC		
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records. lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 10/08/2014	and assigned
Florida document number L14000157448		
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
My Healthy Solutions, LLC		
The new name must be distinguishable and contain 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 A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
		_
B. If amending the registered agent and/or r		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	
_	, Flor	ida
	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 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
			☐ Remove	
			□ Change	
			□ Add	
			☐ Remove	
		~	☐ Change	
			Add	
		·	☐ Remove	
			☐ Change	
			□ Add	
			☐ Remove	
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			Add	
			□ Remove	
			☐ Change	