

L15000172868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

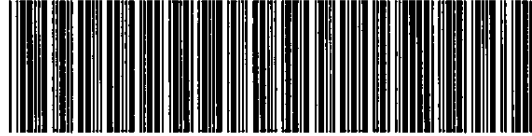
(Business Entity Name)

(Document Number)

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AUG 15 2016
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG 12 AM 11:53

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Healthy Endings, LLC (requesting new name)
Name of Limited Liability Company

★ Cherie's ~~Healthy Endings~~ Sweet Delights, LLL (current name changes)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cherie L. Spencer
Name of Person

(Cherie's Sweet Delights, LLC) - changing/amending name
Firm/Company

918 SW 27th Way
Address

Boynton Beach, FL 33435
City/State and Zip Code

Cherieshealthyendings@gmail.com
E-mail address: (to be used for future annual report notification)

16 AUG 12 AM 11:53
REG. DIV. OF STATE
CORP. DIV. OF FLORIDA

For further information concerning this matter, please call:

Cherie L. Spencer at (954) 257-2421
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

TO
ARTICLES OF ORGANIZATION
OF

Cherie's Sweet Delights, 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 Oct 12, 2015 and assigned Florida document number L15000172868

This amendment is submitted to amend the following:

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

Healthy Endings, 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:

n/a / same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a / same

(Mailing address MAY BE A POST OFFICE BOX)

15 AUG 11 AM 11:30
STREET ADDRESS
FILED

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:

n/a - same

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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

16
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11
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OFFICE OF THE
SECRETARY OF STATE

