Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Bmail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MR HEALTH & FOOD LLC

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Corporate Filing Menu

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SEP 2 7 2016

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

New Designated Agents States the 15 should be Designated	City	Tip Code		
	, Florida			
440000000000000000000000000000000000000	Enter Florida street address		7	
New Registered Office Address:			,	٠.
Name of New Registered Agent:			王	
registered agent and/or the new registered offic		(20%) (11%) = 11 (11%)	οñ.	4
B. If amending the registered agent and/or	registered office address on our records, enter	the name :	1 77	eW.
		<u> </u>	_ <u>8</u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>		
Enter new mailing address, if applicable:				
(Principal office address MUST BE A STREET.	ADDRESS)			
Enter new principal offices address, if applicab	le:			
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the	ibbreviation "L,	.c."	
A. If amending name, enter the new name of the	he limited liability company here:			
This amendment is submitted to amend the follow	ring:			
Florida document number L16000077862				
The Articles of Organization for this Limited Liab	sility Company were filed on 04/21/2016	and ass	igned	
(A	Liability Company as it now appears on our records.) Flunds Limited Unbility Company)			
MK HEALTH & FOOD LLC	E-MIN-			

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

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	MARILENE ELAGE PINHEIRO	2124 N FLAMINGO ROAD	bha 🗆
		PEMBROKE PINES, FL 33028	Remove
			☐ Change
			Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filin te: If the date inserted in this block does not meet the applicable statutor, rument's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant i	io 605.0207 (3
record specifies a delayed effective date, but not an effect he 90th day after the record is filed.		earlier of:
nd fondhala Rine, PC. 199/23/2016		
MILLER		
Signature of a member of authorized represen	zikitive of a monatoc	_
MARILENA GLAGE PIN		_

Page 3 of 3 Filing Fee: \$25.00