

L16 0000 80078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

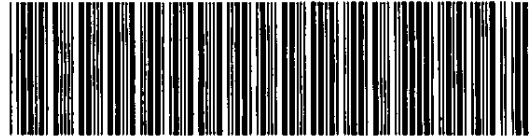
(Business Entity Name)

(Document Number)

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16 MAY 31 PM 5:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHY FOOD EXPERTS 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:

PUSHPA RAJ POUDEL

Name of Person

HEALTHY FOOD EXPERTS

Firm/Company

3902 SW CORQUINA COVE WAY APT-203

Address

PALM CITY, FL 34990

City/State and Zip Code

pushparajpoudel@hotmail.com

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

For further information concerning this matter, please call:

PUSHPA POUDEL

Name of Person

at (917) 294 6308

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**

HEALTHY FOOD EXPERTS

(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 4/25/2016 and assigned Florida document number L16000080078.

This amendment is submitted to amend the following:

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

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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>
<u>MGR</u>	<u>PUSHPA RAJ POUDEL</u>	<u>3902 SW COQUINA COVE WAY</u> <input checked="" type="checkbox"/> Add <u>APT 203 PALM CITY FL 34990</u>	<input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>AMBR</u>	<u>BIJOD SUBEDI</u>	<u>165 ST NICHOLAS AVE</u> <input checked="" type="checkbox"/> Add <u>BROOKLYN, NY 11237</u>	<input type="checkbox"/> Remove <u>Change to Member</u> <input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>BIKASH BISTA</u>	<u>83-06 VIETOR AVE APT 4B</u> <input checked="" type="checkbox"/> Add <u>ELMHURST, NY 11374</u>	<input type="checkbox"/> Remove <u>Change to Member</u> <input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>DEEPENDRA</u> <u>BHATTARAI</u>	<u>333 SE OCEAN BLVD</u> <input checked="" type="checkbox"/> Add <u>STUART, FL 34994</u>	<input type="checkbox"/> Remove <u>Change to member</u> <input checked="" type="checkbox"/> Change
<u> </u>	<u>SUNITA SUBEDI</u>	<u>165 ST NICHOLAS AVE</u> <input type="checkbox"/> Add <u>BROOKLYN NY 11237</u> <input checked="" type="checkbox"/> Remove	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

Summary

- ✓ MGR - unchanged
- ✓ 2 ~~members~~ Managers - are members only
- 1 manager removed
- 1 member added.

E. Effective date, if other than the date of filing: _____ (optional)

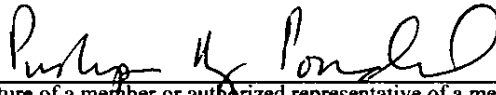
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 5/26/16, _____.



Signature of a member or authorized representative of a member

PUSHPA RAJ POUDEL

Typed or printed name of signee

RECEIVED
DEPARTMENT OF STATE
16 MAY 1 PM 5:57
FBI/DOJ/FLORIDA