

L17000011987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

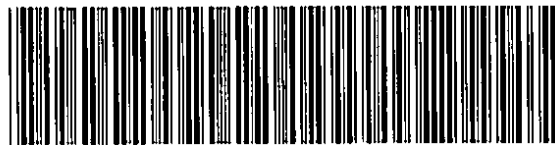
(Business Entity Name)

(Document Number)

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JUL 19 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2018

THOMAS QUINLAN
8479 DR MARTIN LUTHER KING JR ST N
SAINT PETERSBURG, FL 33702

SUBJECT: HEALTHY LIFESTYLES TAMPA BAY L.L.C.
Ref. Number: L17000011987

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

Page 2 is missing.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 718A00013994

REC'D
2018 JUL 16 PM 2:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthy Life Styles Tampa Bay L.L.C.
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:

Thomas G. Quintan
Name of Person

Healthy Life Styles Tampa Bay L.L.C.
Firm/Company

8479 Dr. Martin Luther King Jr. St. N
Address

Saint Petersburg FL 33702
City/State and Zip Code

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

For further information concerning this matter, please call:

Thomas G. Quintan at (727) 906-6185
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Healthy Lifestyles Tampa Bay L.L.C.
(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 11/17/2017 and assigned Florida document number 17000011987.

This amendment is submitted to amend the following:

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

HEALTHY LIFESTYLES TAMPA BAY 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 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

City

Florida

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I Am Seeking to Change The
Name of my company From

Healthy Lifestyles Tampa Bay L.L.C.
To

Healthy Lifestyles Tampa Bay LLC.

Please remove The Periods
From LLC.

Thank you
Tom Quanlan

2018 JUL 16 AM 8:04
FILED
CLERK OF COURT
H. L. HARRIS
JUL 16 2018
TAMPA, FLORIDA

E. Effective date, if other than the date of filing: 6/26/2018 (optional)

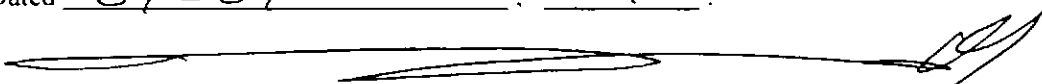
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 6/26/ 2018



Signature of a member or authorized representative of a member

Thomas G. Quanlan

Typed or printed name of signer