

L17000115 979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

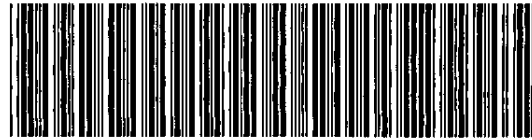
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**FILED**  
2017 JUN -5 PM12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 06 2017  
J. HARRIS

Attention:

Subject: ORLANDO HEALTHY YOU VENDING LLC

I, Samuel Irvine am requesting changes in my LLC. Company as follows:

- 1) Remove Stacie Palmer from AMBR Status as I will be the **MGR and AMBR**

Stacie Palmer address of 184 Sandy Cove Dr., Altamonte Springs, Fl. 32701 is to be removed as well. As she will no longer be involved in the company.

- 2) I would like to just confirm my address as the sole company address for my business as:  
377 Brittany Cir., Casselberry, Fl. 32707

- 3) Please call with any questions and I have enclosed a check for \$30 for the certified copy.

Thank you,

Samuel Irvine

321-947-6088

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ORLANDO HEALTHY YOU VENDING 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:

Samuel Irvine

\_\_\_\_\_  
Name of Person

ORLANDO HEALTHY YOU VENDING LLC

\_\_\_\_\_  
Firm/Company

377 Brittany cir.

\_\_\_\_\_  
Address

Casselberry, Fl. 32707

\_\_\_\_\_  
City/State and Zip Code

sammiam51562002

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

For further information concerning this matter, please call:

Sam Irvine

321.

947-6088

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

ORLANDO HEALTHY YOU VENDING 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 05/25/2017 and assigned  
Florida document number 137000315979.

This amendment is submitted to amend the following:

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

ORLANDO HEALTHY YOU VENDING 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)

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2017 JUN -5 PM 12:40  
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TALLAHASSEE FLORIDA

**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:

Samuel Irvine

New Registered Office Address:

377 Brittany cir.

*Enter Florida street address*

Casselberry

*City*

Florida 32707

*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>
AMBR	Samuel Irvine	377 Brittany cir., Casselberry, Fl. 3	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stacie Palmer	184 Sandy Cove Dr., Altamonte Sp.	<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 2011 JUN 25 PM 2:40  
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[illegible]

(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)

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

6/01/2017

*Samuel Davis*  
Signature of a member or

Signature of a member or authorized representative of a member

## Samuel Irvinc

Typed or printed name of signee

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