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COVER LETTER

SUBJECT: DIET KING HEALTH MON STER 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:
Adam S. Wilk Name of Person
Diet King Health Monster, LLC
2702 Bridgewood Circle
Boca Raton FL 33434 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adam S, Wilk at (17) 414 9780 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc
(additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

DIET KING HEALTH MONSTER

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lir	nited Liability Company)	4 1
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on <u>02</u> 4459	19 2018 and assigned
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 desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
:		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		3.0
B. If amending the registered agent and/or registerer registered agent and/or the new registered office address Name of New Registered Agent:	ed office address on or s here:	ur records, enter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = 'Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ADAM S. WILK	2702 BRIDGEWOOD CIRCLE BC	■ Add
			□ Remove
			Change
MGR CYNTHIA A. WILK	2702 BRIDGEWOOD CIRCLE BC	■ Add	
		□ Remove	
			Change
		Add	
		Remove	
			TO Add
·		□ Remove □ Change	
			Add
	<u> </u>	Remove	
		Change	
			Add
		□ Remove	
			□ Change

		
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ffective date, if other than the date an effective date is listed, the date must be s	specific and cannot be prior to date of filing or	(optional) r more than 90 days after filing.) Pursuant to 605.0207 (
	does not meet the applicable statutory fil tment of State's records.	ling requirements, this date will not be listed as t
e record specifies a delayed eff The 90th day after the record		e time, at 12:01 a.m. on the earlier of:
APRIL 5	2018	
ated		
	Ham S. Well	<u>K</u>
Sign ∧ i	ature of a member or authorized representati	ive of a member

Page 3 of 3

Filing Fee: \$25.00