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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JUL 24 2019

C. Kinsey

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HEALTHY DELIGHTS III 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:

Benson Charles  
Name of Person

B. CHARLES ACCOUNTING  
Firm/Company

13719 NW 7 AVE  
Address

Miami FL 33168  
City/State and Zip Code

Benson Char @ AOL.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benson Charles at ( 305 ) 775-3325  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 DELIGHTS III 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 MARCH 06 2018 and assigned Florida document number L18000058479.

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)

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2019 JUL 17 PM 2:55  
SEC. OF STATE  
TALLAHASSEE, FL

13719 N.W. 7 AVE  
MIAMI FL 33168

**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:

BENSON CHARLES

New Registered Office Address:

13719 NW 7 AVE

Enter Florida street address

MIAMI

City

FL 33168

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>
<u>MGR</u>	<u>BASARAN, METIN</u>	<u>3931 NW 96 AVE</u>	<input type="checkbox"/> Add
		<u>COOPER CITY FL 33024</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>MARIA ELENA MORAN</u>	<u>13719 NW 7 AVE</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI FL 33168</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>MARCO ROMERO</u>	<u>13719 NW 7 AVE</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI FL 33168</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

*[Signature]*

İNETİN BASARAN

Typed or printed name of signee