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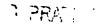
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COVER LETTER

то:	Registration Sec Division of Corp						
	INTEL 2 SA						
SUBJE	C1:	Name of Limit	ted Liability Company				
The enc	losed Articles of A	Amendment and fee(s) are subr	nitted for filing.				
Please r	eturn all correspor	ndence concerning this matter t	o the following:				
			EDWARD MEJIA Name of Person TAX BUREAU SERVICE CORP				
		TAXE		.p			
			Firm/Company				
		1835 NV	V 112TH AVE SUITE 16	4			
			Address				
			MIAMI FL 33172				
		EDMEJIA@TBSTAX.NET	City/State and Zip Code				
		E-mail address; (t	o be used for future annual r	eport notification)			
For furt	ther information co	oncerning this matter, please ea	ill:				
ı≘DWA	RD МЕЛА		646 9964212 at ()				
	Name o	f Person	Area Code	Daytime Telephone Number			
i En close	ed is a check for t	ne following amount:					
S \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Certificate of Status &			
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	Registrati Division Clifton B	7/COURIER ADDRESS: ion Section of Corporations uilding ocutive Center Circle			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	INTEL 2 SAVE LI	C	By The second
(Name of the Limit	<u>ed Liability Company a</u> (A Florida Limited Liab	is it now appears on our records.) ility Company)	
The Articles of Organization for this Limited L Florida document number L17000072516	iability Company we	re filed on MARCH 30, 2017	and assigned
This amendment is submitted to amend the following	owing:		.
A. If amending name, enter the new name o	f the limited liability	y company here:	
HELLO2 EAT LLC			<u> </u>
The new name must be distinguishable and contain the v	vords "Limited Liability (Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applic	able: _		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u> _		
B. If amending the registered agent and registered agent and/or the new registered o		e address on our records,	enter the name of the new
Name of New Registered Agent:	TAX BUREAU SI	ERVICE CORP	
New Registered Office Address:	1835 NW 112TH A	AV SUITE 164	
iven registered of the radia doc.		Enter Florida street address	
	MIAMI	, Flor	ida 33172
		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

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>	Name	Address	Type of Action
			Add
			Remove
			Change
			Remove
			☐ Change
			☐ Remove
			Add
			Remove
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f an effective d	late is listed, the date m	iust be specific a	and cannot be pri	or to date of filin	g or more than 90	days after fili	ng.) Purst	iant to 60	05.0207
	date inserted in this b ffective date on the l				y filing requiren	ients, this di	ite will n	of be in	sted as
	specifies a delaye			not an effect	ive time, at	12:01 a.n	n. on th	ne earl	lier of
The 90th	day after the re	ecord is file	a.				,	201	
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_		Signature of	i a member or au	thorized represer	ntative of a memb	er			

Page 3 of 3

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