KZ20000 42068

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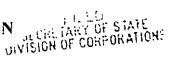
T. MATTHEWS MAY 16 2022

COVER LETTER

CHD IE		HEALTHY FOODS LLC	•	
SUBJEC	.1; <u> </u>	Name of Lim	ited Liability Company	·
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Mayid Yamin		
			Name of Person	
			Firm/Company	
	Name of Limited Liability Company nelosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Mayid Yamin			
			Iment and fee(s) are submitted for filing. Proncerning this matter to the following: Syld Yamin Name of Person Firm/Company 95 NW 165TH ST, SUITE 101 Address AMI GARDENS, FL 33014 City/State and Zip Code min@fioribruna.com E-mail address: (to be used for future annual report notification) ing this matter, please call: 305 621-0074 at (
Division of Corporations ARLAYA HEALTHY FOODS LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Mayid Yamin				
	Division of Corporations ARLAYA HEALTHY FOODS LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filling. see return all correspondence concerning this matter to the following: Mayid Yamin Name of Person Firm/Company 5395 NW 165TH ST, SUITE 101 Address MIAMI GARDENS, FL 33014 City/State and Zip Code myamin@fioribruna.com E-mail address: to be used for future annual report notification) further information concerning this matter, please call: yid Yamin Name of Person Area Code Daytime Telephone Number losed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tailahassee			
			to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please c	all:	
Mayid Y	'amin			
	Name o	f Person		e Telephone Number
Enclosed	l is a check for th	ne following amount:		
= \$2 5.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ction
	Division of C	orporations	Division of Cor	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 15 PM 3= 08

ARLAYA HEALTHY FOODS 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 Florida document number $\frac{L22000042068}{L22000042068}$.	y were filed on <u>01-24-202</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5395 NW 165th ST	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 101	
	MIAMI GARDENS, F	133014
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	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 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>	Type of Action
MGR	PEDRO E ARAUJO	5395 NW 165TH ST, SUITE 101	□ Add
		MIAMI GARDENS, FL 33014	■Remove
			☐ Change
MGR	PABLO E ARAUJO	5395 NW 165TH ST, SUITE 101	≣Add
		MIAMI GARDENS, FL 33014	□Remove
			Change
			\ _Add
			Remove
			□Add
			🗀 Remove
			Add
			□ Remove
			□Change
<u>.</u>	- .		□Add
			□Remove
			□Change

If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ne date of filing:	605.0207 (3) listed as the
ne record specifies a delayed effectord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	fter the
Dated April 11	. 2022	
	Marine Marine	
	Signature of a member or authorized representative of a member	
Mayid Yamin		
·	Typed or printed name of signee	

Filing Fee: \$25.00