## K21000093316

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## **COVER LETTER**

	Registration Se Division of Cor				
CUDIE		y Foods LLC			
SUBJEC	: :	Name of Lim	ted Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Sebastian Sanchez Corto	es		
			Name of Person		
		SM Healthy Foods LLC			
			Firm/Company		
		2802 W Ohio Ave			
		· · · · · · · · · · · · · · · · · · ·	Address		
		Tampa / Florida			
			City/State and Zip Code		
		sebastianhealthyfoods@d			
	٠, م		o be used for future annual report notifica	ation;	
For furth	er information c	concerning this matter, please ca			
Sebastia	an Sanchez Co	ortes	850 532-9373 at ()	·	
	Name o	of Person	Area Code Daytime T	elephone Number	
Enclosed	l is a check for th	he 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 Addres		Street Address:		
	Registration S Division of C		Registration Secti Division of Corpo		
	P.O. Box 632	-	The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SM Healthy Foods LLC		
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L21000093316	ty Company were filed on February 25, 2021	and assigned
This amendment is submitted to amend the following	g:	
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 t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		122
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	(m) (m) (m)
B. If amending the registered agent and/or regist		name of the new registered
agent and/or the new registered office address he	<u>re</u> :	PH -
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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>	Address	Type of Action
AMBR	Fabio Alberto Sanchez Montoya	2802 W Ohio Ave, Tampa FL 33607	<b>®</b> Add
		···-	□Remove
	·····		
			□Remove
			□Change
		·	🗀 Add
			□Remove
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Change

Effective date, if other than the date of filing:  (optional)  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.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  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 rd is filed.  Dated  June 16  2021  Signature calcalements or authorized Expresentative of a member	-				·	<u>-</u> .
Effective date, if other than the date of filing:  (optional)  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 605.02074  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The ercord 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 rd is filed.  Dated June 16  2021  Additional State of the earlier of: (b) The 90th day after the dated Dat	_		<del></del>			
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Typed or printed name of signee