## L12000008687

(Requestor's Name)	
(Address)	900323906449
(Address)	30002000440
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	02/25/1901020003 **30.00
(Document Number)	
Certified Copies Certificates of Status	
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Office Use Only

## **COVER LETTER**

	egistration Sec ivision of Corp			
aus ir ar	Healthy Lin			
SUBJECT	`;	Name of Limi	ited Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Bryant Mauri		
		Healthy Line, LLC	Name of Person	<del>.</del>
		1640 NE 164th St	Firm/Company	
		North Miami Beach, FL 33	Address	<del></del>
		bryant_206@hotmail.com	City/State and Zip Code	Daytime Telephone Number  Second Filing Fee, Certificate of Status &
		E-mail address: (t	to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	all:	
Bryant Ma		10	at () 380-7508	27.1.1.25
	Name of	Person	Area Code Daytime	Telephone syumber
Enclosed i	s a check for th	e following amount:		
□ \$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

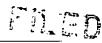
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 Line, LLC



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 FEB 25 PM 5: 40 The Articles of Organization for this Limited Liability Company were filed on January 18, 2012 Florida document number L12000008687 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Healthy Mealz LLC 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) 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: New Registered Office Address: Enter Florida street address

## 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.

City

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
			□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
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			☐ Change
			Add
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			☐ Change

D. If amending any other	information, enter cn	ange(s) here: (Anac	en adduumai sneeis, ij	necessary.)	
			<u> </u>		
	<del></del>			-	
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	he date must be specific and	cannot be prior to date of sect the applicable state	filing or more than 90 days	optional) after filing.) Pursuant to 605.0 , this date will not be listed	0207 (3)(t d as the
If the record specifies a (b) The 90th day after		ate, but not an ef	fective time, at 12:	01 a.m. on the earlie	r of:
Dated <b>&amp; Feb</b> a	-vary 18	2019 MA			
	Signature of a m	nember of authorized rep	resentative of a member	<u>.                                    </u>	
	Bryan	nt Mauri	of signee		

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Filing Fee: \$25.00