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SECULIARY OF STATE

COVER LETTER

TO:

	ation Sect Lof Corp			
SUBJECT:	Health	y Beverages, LLC		
SUBJECT:		Name of Lim	ited Liability Company	 '
The enclosed Art	icles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all c	correspon	dence concerning this matter	to the following:	
		Franz Tudor		
			Name of Person	
		Healthy Beverages, LLC		
			Firm/Company	
		32932 Whitney Road		
			Address	
		Leesburg, FL 34748		
			City/State and Zip Code	
		Franz@CocoCocktail.com	····	
		E-mail address: ()	to be used for future annual report not	ification)
For further inform	nation cor	cerning this matter, please or	ıll:	
Franz Tudor			914 656-1551 at ()	
	Name of I	Person	Area Code Daytim	ne Telephone Number
Enclosed is a che	ck for the	following amount:		
¥ \$25.00 Filing	g 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)
	Address:	ection	<u>Street Address:</u> Registration Se	ection
_		rporations	Division of Co	
	ox 6327	2021	The Centre of T	
Tallaha	issee, FI	. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healthy Beverages, LLC				
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number £14000110054	ability Company	were filed on July 11, 201	14	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
	 			
The new name must be distinguishable and contain the we	ords "Limited Liabi		i "LLC" or the abbrev	ration "L.L.C,
Enter new principal offices address, if applica	ble:	32932 Whitney Rd.		
(Principal office address MUST BE A STREET	(ADDRESS)	Leesburg, FL 34748	19	200
				JUN 1202
Enter new mailing address, if applicable:		32932 Whitney Rd.	- - - 	25
(Mailing address MAY BE A POST OFFICE B	8 <i>0X</i>)	Leesburg, FL 34748	, , , , , , , , , , , , , , , , , , ,	D
			(- 2	58
B. If amending the registered agent and/or re		address on our records,	<u>enter the name of</u>	the new registere
agent and/or the new registered office address	s here:			
Name of New Registered Agent:	Campoamor B	usiness Law Firm P.A.		_
New Registered Office Address:	2640 Golden C	Jate Pkwy, Suite 204		
		Enter Florida street	address	
	Naples		Florida34105	
		Circ		in 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>	Type of Action
P. MGR	Paul Campoamor	32932 Whitney Road	■ Add
		Leesburg, FL 34748	□Remove
			□Change
			□Remove
		<u></u>	
			□Add
			□Remove
			□ Change
			□Add
			Remove
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			Remove
		<u> </u>	□Change
			□ Add
		-	□Remove
			□Change

fective date, if other than the date of filing:					
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Filing Fee: \$25.00