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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	<u></u>
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nam	ne)
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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AUG 21 2018 T. LEISELUS

COVER LETTER

SUBJECT:	INTI OF ANDES LL	С	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DC	PRIS SOTO	
	 	Name of Person	
	IN	TI OF ANDES LLC	
		Firm/Company	
	423	HORIZON DR	
		Address	
	WINTER	R SPRINGS, FL 32708	
		City/State and Zip Code	
		is.soto@yahoo.com to be used for future annual report notifi	ection)
For further information of	concerning this matter, please c		cation)
	oncerning this matter, prease c		
DORIS SOTO		321 663-4528 at () Area Code Daytime	Telephone Number
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Fiting 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 ADDRESS:

Registration Section Division of Corporations

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 ARTICLES OF ORGANIZATION **OF**

FILED

INTI OF ANDES LLC

(Name of the Limited Liability Company as it now appears on our records.)	ெ	C. LB
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 2113 AUS 15	-	J

(A Florida Limited	Liability Company) 2013 AUS 15	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 07/23/3015RETARY OF STATE TALLAHASSEE. FLORINGASSIGNED	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
HEALTHY CAFE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	158 TUSKAWILLA RD	
(Principal office address MUST BE A STREET ADDRESS)	STE 1304	
	WINTER SPRINGS, FL 32708	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	423 HORIZON DR WINTER SPRINGS, FL 32708	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change
			☐ Remove
			□ Change
			□ Remove
			Change
			Add
			Remove
		Change	
			
			□ Remove
			□ Change

_	nding any other information, enter change(s) here: (Anach daamonal sheets, if hecessary.)
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(If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	AUGUST 13
	Signature of a member or authorized representative of a member
	DORIS SOTO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00