## 117000098097

| (Requ                       | estor's Name)  |             |
|-----------------------------|----------------|-------------|
| (Āddre                      | ess)           |             |
| (Addre                      | ess)           |             |
| (City/S                     | State/Zip/Phon | e #)        |
| PICK-UP                     | ☐ WAIT         | MAIL        |
| (Busir                      | ness Entity Na | me)         |
| (Docu                       | ment Number    | )           |
| Certified Copies            | Certificate    | s of Status |
| Special Instructions to Fil | ing Officer:   |             |
|                             |                |             |
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OPPOSEDS OF COMPONATION

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## **COVER LETTER**

TO:

| TO:                        | Registration So<br>Division of Co |  |   |  |
|----------------------------|-----------------------------------|--|---|--|
| ento ti                    | CCT.                              | THE TASTY & HEALTHY  | BOX LLC   |  |
| SUBJI                      | ECT:                              | Name of Lim  | ited Liability Company  |  |
| The en                     | nclosed Articles of               | Amendment and fee(s) are sub   | mitted for filing.  |  |
| Please                     | return all correspo               | ondence concerning this matter   | to the following:   |  |
|                            |                                   |  | CINDY AGUILAR   |  |
|                            |                                   | TO   | Name of Person YOS TAX SERVICE INC  |  |
|                            |                                   |  | Finn/Company 7264 SW 8 STREET   |  |
|                            |                                   | /204 SW 8 SIKEEI   |   |  |
| Address<br>MIAMI, FL 33144 |                                   |  |   |  |
|                            |                                   | City/State and Zip Code TOYOS.TAX.SERVICE@MSN.COM                      |   |  |
|                            |                                   | E-mail address: (  | to be used for future annual report i   | notification)  |
| For fur                    | rther information of              | concerning this matter, please co                                      | all;  |  |
| CIN                        | DY AGUILAR                        |  | 786 536-464   |  |
|                            | Name (                            | of Person  | Area Code Day   | time Telephone Number  |
| Enclos                     | ed is a check for t               | he following amount:   |   |  |
| □ \$2                      | 5.00 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) |
|                            | Registi<br>Divisio<br>P.O. B      | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COU<br>Registration Se<br>Division of Cor<br>Clifton Buildin<br>2661 Executive | porations<br>g   |

Tallahassee, FL 32301

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

| THE TASTY & HEALTHY BOX LLC   |                           |                 |                             |
|---|---------------------------|-----------------|-----------------------------|
| (Name of the Limited Liability Company as it now appear<br>(A Fiorida Limited Liability Company)  | s on our records.)        |                 |                             |
| The Articles of Organization for this Limited Liability Company were filed on   | 05/02/2017                | and ass         | igned                       |
| Florida document numberL17000098097   |                           |                 |                             |
| This amendment is submitted to amend the following:   |                           |                 |                             |
| A. If amending name, enter the new name of the limited liability company he   | <u>re</u> :               |                 |                             |
| The new name must be distinguishable and contain the words "Limited Liability Company," the de-   | esignation "ELC" or the a | bbreviation "L. | L.C."                       |
| Enter new principal offices address, if applicable:   | <u> </u>                  |                 |                             |
| (Principal office address MUST BE A STREET ADDRESS)   |                           | <del>- 18</del> | <u>V</u>                    |
|   | ·                         |                 | - <u>98</u> -               |
|   |                           | 6 2             | 957<br>957                  |
| Enter new mailing address, if applicable:   |                           |                 |                             |
| (Mailing address MAY BE A POST OFFICE BOX)  |                           | A               | - 항축도<br>- <del>항축도</del> - |
|   |                           | <del></del>     | <u> </u>                    |
|   |                           | ₽-              | ).<br>(2)                   |
| B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here: | our records, enter        | the name        | of the ne                   |
| Name of New Registered Agent:   |                           |                 |                             |
| New Registered Office Address:  |                           |                 |                             |
| Enter Flor  | ida street address        |                 |                             |
|   | Florida                   | 71. (2. 1       |                             |
| Cin-  |                           | 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

| AMBR = | Authorized | Member |
|--------|------------|--------|

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                              | Type of Action |
|--------------|---------------|---|----------------|
| MGR          | ADRIAN A PENA | 4500 NW 114 AVENUE #2210<br>DORAL, FL 33178 |                |
|              |               |   | □ Remove       |
|              |               |   |                |
|              |               |   | Add            |
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| 08/24/2018  |   |
| Effective date, if other than the date of filing:   | (optional) filing or more than 90 days after filing.) Pursuant to 605 |
| Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records. | story filing requirements, this date will not be list                 |
|   |   |
| ne record specifies a delayed effective date, but not an eff<br>The 90th day after the record is filed.                                     | ective time, at 12:01 a.m. on the earli                               |
|   |   |
| Dated AUGUST 24TH 20 18   |   |
| ,/) ( <b>3</b> .  |   |
| Signalize of a member or authorized repr  |   |