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COVER LETTER

TO:

то:	Registration Se Division of Cor			
e110 16		HY FOODS L.IC.	·	
SUBJE	ECT:	Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Marcio Souza		
			Name of Person	
		4 HEALTHY FOODS L.L	.C.	
			Firm/Company	
		6217 Sunset Isle Dr		
			Address	
		Winter Garden, FL 34787		
			City/State and Zip Code	
		william@by3studios.com		
			to be used for future annual report notif	acation)
For fur	ther information c	oncerning this matter, please ca	all:	
Marcio	o Souza		407 675-1779	
	Name o	f Person	Area Code Daytimo	Telephone Number
Enclos	ed is a check for th	ne 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)
	Registr Divisio	ING ADDRESS: ation Section in of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 HEALTHY FOODS L.L.C.			
(Name of the Limited Liability Compa (A Florida Limited	iny ay it now appears on our recor Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number L19000028268	were filed on 01/28/2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	6217 Sunset Isle Dr Winter Garden, FL 34787		
(Principal office address MUST BE A STREET ADDRESS)		6	
Enter new mailing address, if applicable:	6217 Sunset Isle Dr Winter G	arden, Fl. 34787	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ds, enter the name of the no	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre	288	
		lorida	
N. D. Carlotta at Commence of the color Designated Laures	City	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, 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
MGR	JEAN E SARANTOPOULOS		
•		14567 WINTER STAY DRIVE WINTER GARDEN, FL 34787	■ Remove
			☐ Change
MGR	William Carvalho		Add
		_	Remove
		4225 SUMMIT CREEK BLVD #610 - ORLANDO, FL 32837	Change
			□ Add
			□ Remove
			Change
			Remove
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Effective date, if other the (If an effective date is listed, the date: If the date inserted in document's effective date or	ate must be specific an this block does not	nd cannot be prior to meet the applica	o date of filing or mor ble statutory filing	(optional) e than 90 days after filing, requirements, this date) Pursuant to 605,0207 (3
the record specifies a de) The 90th day after th	elayed effective le record is filed	date, but not	an effective tir	ne, at 12:01 a.m.	on the earlier of:
AUGUST 1		2019	<u></u> ,		
Dated					
Dated			1.		
Dated	Signature of a	member or author	ized representative o	a member	

Page 3 of 3

Filing Fee: \$25.00