## h20000050456

(Requesto	r's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies(	Certificates of Status
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: STAY HEALTHY VENDING MIAMI LLC

	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
	ndence concerning this matter		
riease return an correspo	ndence concerning this matter	to the following.	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
	<del></del>	Firm/Company	
	17350 STATE HWY 249 5	SUITE 220	
		Address	
	HOUSTON TX 77064		
		City/State and Zip Code	<del> </del>
	EFILE1234@INCFILE.CO		
	E-mail address: (1	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	nil:	
LOVETTE DOBSON		888 462-3453	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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)

MAILING ADDRESS:

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

ST	AY HEALTHY V	ENDING MIAMI	LLC	
(Name of the Limite	d Liability Compa (A Florida Limited)	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lia Florida document numberL20000050486	ability Company	were filed on	02/13/2020	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the wa	ords "Limited Liabi	lity Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		6511 SW 21 Street		
(Principal office address MUST BE A STREET		Miami, Florid	a, 33155	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered of		a, 33155	r the name of the new
Name of New Registered Agent:		==-		<del></del>
New Registered Office Address:	6511 SW 21	<del></del>	rida street address	
	A 4::	Enter Pa		00455
	Miami	City	Florida	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	•		ziji cirac
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the r company has been notified in writing of this c	d agent and agr er and complete stered agent as p egistered office	ee to act in this performance op provided for in (	f my duties, and I an Chapter 605, F.S. O	n familiar, with and r, if this document is

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
AMBR	Bryan Baez	6511 SW 21 Street	Add
		Miami, Florida, 33155	Remove
			Change
		<del></del>	
			Remove
		<del></del>	Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change

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<u>iote:</u> If	tive date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the day after the record is filed.
Dated	DECEMBER 28 2020
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00