L20000 147309

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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co	ection rporations		
SUPER H	EALTHY LLC	•	
30BJEC 1.	Name of Lin	nited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
		•	
	SULEYDIS PRADO		
		Name of Person	 -
	SUPER HEALTHY LLC		
	 	Name of Limited Liability Company at and fee(s) are submitted for filing. It and fee(s) are submitted for filing. It and fee(s) are submitted for filing. It at (
	766 E 10 STREET		
		Address	<u> </u>
	HIALEAH,FL		
	33010	City/State and Zip Code	
		•	fication)
For further information c	oncerning this matter, please c	all:	
SULEYDIS PRADO			
Name o	f Person	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	Certified Copy	Certificate of Status &
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUPER HEALTHY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company were filed on $\frac{06}{2}$	6/01/2020 and assigned	
Florida document number L20000147309			
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company h	ere:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	lesignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	<u></u>		
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE	<u> </u>		
P			
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our r	ecords, enter the name of the new registered	
	edo nere.		
Name of New Registered Agent:	SULEYDIS PRADO (NAME CORRECTION ONLY)		
New Registered Office Address:	766 E 10 STREET		
	Enter Flor	ida street address	
	HIALEAH	, Florida <u>33010</u>	
	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
AMBR	SULEYDIS PRADO (CORECTI	766 E 10 STREET	□Add
		HIALEAH,FL 33010	
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3727	te, if other the date is listed, the date inserted in effective date of	II MIIS DIOCK UL	res not meet	uie applicani	date of filing o	rmore than 90 ling requiren	(option: days after fili nents, this da	al) ng.) Pursuant to e ste will not be l	605,020 isted a
ecord spec is filed.	ifies a delayed	effective date.	, but not aπ e	ffective time	, at 12:01 a.m	n. on the ear	ier of: (b)	The 90th day a	fter the
	ne -		20)20					
nted JUNE									

Filing Fee: \$25.00