120000387046

Office Use Only



500361085335

03/03/21--01002--011 **25.00

RECEIVED MAR 0 2 2021



USDA A

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Co | orporations | | | | | |
|--------------------------|--|---|-------------------|-------------|----------------------|------------------|
| cup incr | Healthy ! | Sales Products LLC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles of | of Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all corres | pondence concerning this matter | to the following: | | | | |
| | | Sonia Becerra | | _ | | |
| | Name of Person | | | | | |
| | Swyft Filings, LLC | | | | 2021 MAR -2 PH 4: 32 | 4 7 |
| Firm/Company | | | | | | |
| 3 Greenway Plaza #1320 | | | | | 2 | E trees for Last |
| Address | | | | | 3 |] |
| | | Houston, Texas 77046 | | | 4: 3: | • |
| | | City/State and Zip Code | | | 12 | |
| | | filings@swyftfilings.com | | | | |
| | E-mail address: (| to be used for future annual report notif | ication) | | | |
| For further information | concerning this matter, please c | all: | | | | |
| Sonia | Becerra | at (877) 777-04 | 50 | | | |
| Name | e of Person | Area Code Daytime | : Telephone Numbe | er | | |
| Enclosed is a check for | the following amount: | | | | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Centifie | ate of Stat | | |
| Regi Divis | ILING ADDRESS: stration Section sion of Corporations Box 6327 | STREET/COURI Registration Sectio Division of Corpor Clifton Building | n | | | |

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Healthy | Sales Products LL | .C | | |
|--|--|-----------------------------|--------------------|--|
| (<u>Name of the Limited Liability</u> (A Florida L | Company as it now appear imited Liability Company) | 's on our records.) | | |
| he Articles of Organization for this Limited Liability Cor | mpany were filed on | 12/15/2020 | and assigned | |
| Torida document number <u>L20000387046</u> | · | | | |
| his amendment is submitted to amend the following: | | | | |
| a. If amending name, enter the new name of the limite | ed liability company he | e <u>re</u> : | | |
| Healthy Self | Products LLC | | | |
| he new name must be distinguishable and contain the words "Limite | d Liability Company," the d | esignation "LLC" or the abb | reviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | 2 | |
| Principal office address MUST BE A STREET ADDRE | (22) | | 20 (21) | |
| The party of the same of the s | | | 2 | |
| | | | च्या हो। | |
| | | <u> </u> | | |
| Enter new mailing address, if applicable: | | | | |
| Mailing address MAY BE A POST OFFICE BOX) | | | | |
| 3. If amending the registered agent and/or register egistered agent and/or the new registered office address | red office address on ss here: | our records, enter the | he name of the | |
| Name of New Registered Agent: | | | | |
| | | | | |
| New Registered Office Address: | Fuler Flori | ida street address | - <u>-</u> | |
| | Enter Florida street address | | | |
| | City | Florida | Zip Code | |
| | CIIV | | 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> <u>Address</u> **Type of Action** Add □ Remove ☐ Change □ Add _□ Remove ☐ Change 2029HAR - Remove Change Change Add _□ Remove ☐ Change □ Add _□ Remove _□ Change

□ Add

☐ Remove

| | | , |
|---|---|--------------------|
| | | |
| | | |
| · · · · · · · · · · · · · · · · · · · | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | 33 | 26 |
| | | |
| | | |
| | | <u> </u> |
| | <u> </u> | #: Did :: |
| | <u> </u> | <u>ట</u> |
| | | . • |
| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of ti | (optional) illing or more than 90 days after filling.) Pu | irsuant to 605.020 |
| te: If the date inserted in this block does not meet the applicable statut ument's effective date on the Department of State's records. | ory filing requirements, this date wil | I not be listed a |
| , | | |
| record specifies a delayed effective date, but not an effe | ective time, at 12:01 a.m. on | the earlier o |
| he 90th day after the record is filed. | | |
| ed February 24 2021 X Signature of a member or authorized repre | | |
| | , | |
| X Muly (S) | lu Ja | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00