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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: ·	Healthy Scif	Products LUC	
	mendment and fee(s) are sub-	_	
	Michael Bl	Name of Person	
		Firm/Company	<del>.</del>
	10950-60 500	Jose Blue #112	
	Jacksonvill	City/State and Zip Code	
	Mikobluc 75 E-mail address: (t	to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	all:	
Michael Blue Name of	Person	at ( <u>904</u> ) <u>344</u> Area Code Daytime	5707 Telephone Number
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)	☐ \$60.00 Filing Fee.  Certificate of Status &  Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Healthy Sell Products LLC (Name of the Limited Liability Compan (A Florida Limited L.	
(A Florida Limited I.	iability Company)
The Articles of Organization for this Limited Liability Company	,
Florida document number <u>L 20000 387 64 6</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Blue and Blue's Marketing Minds The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	128 P
Enter new mailing address, if applicable:	10950-60 San Jose DVE F
(Mailing address MAY BE A POST OFFICE BOX)	Unil#112
	Jacksonville FL 32223
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: Michael	Blue Je
New Registered Office Address: 10950 - 60	Sun Juse blud # 117 Enter Florida street address
Jackso	City Florida 32223  Zip Code
Name Descriptional Asset? Connection of abanding Descriptored Agents	

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
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		Jackson ville Fe 32223	□Change
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