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COVER LETTER

TO:

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	IION BROKER LLC		
вивлест:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TAMPA, FL 33629 City/State and Zip Code KIMKRATZ@GMAIL.COM E-mail address: rot be used for future annual report notification) mation concerning this matter, please call: Name of Person		
THE FASHION BROKER LLC SUBJECT: N The enclosed Articles of Amendment and fee Please return all correspondence concerning to KIM KRATZ 3706 WEST SE TAMPA. FL 33 KIMKRATZ3@ E-ma For further information concerning this matter KIM KRATZ Name of Person Enclosed is a check for the following amount \$25.00 Filing Fee \$30.00 Filing		Name of Person	
		Firm/Company	
	3706 WEST SEVILLA ST	Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: 4 KRATZ Name of Person Firm/Company 6 WEST SEVILLA STREET Address MPA. FL 33629 City/State and Zip Code KRATZ3@GMAIL.COM E-mail address: (to be used for future annual report notification) ng this matter, please call: at () Area Code Daytime Telephone Notificate of Status Certified Copy (additional copy is enclosed) Cand Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
		Address	
	TAMPA, FL 33629	ame of Limited Liability Company (s) are submitted for filing. his matter to the following: Name of Person	
		City/State and Zip Code	····
	-		iiifaataa)
For further information c			(meanon)
KIM KRATZ		at ()	
Name o	if Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
			ection
-			
		The Centre of	Tallahassee
Division of Corporations THE FASHION BROKER LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: KIM KRATZ Name of Person Firm/Company 3706 WEST SEVILLA STREET Address TAMPA. FL 33629 City/State and Zip Code KIMKRATZ@GMAIL.COM F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KIM KRATZ Name of Person At (573) Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE FASHION BROKER LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000473603	were filed on 11/04/2022 and assign	ed
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
HEALTHIER 4 U TAMPA BAY LLC		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLLC	
Enter new principal offices address, if applicable:	3706 WEST SERVILLA ST	
Principal office address MUST BE A STREET ADDRESS)	TAMPA. FL 33629	
Enter new mailing address, if applicable:	3706 WEST SERVILLA ST	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33629	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new re	egis
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
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Effective date, if other than to an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot block does not meet th	ne applicable statutor	ig or more than 90 days a	ptional) after filing.) Pursuant to 60 this date will not be lis	5.0207 ted as
ne record specifies a delay The 90th day after the r		but not an effec	tive time, at 12:0	1 a.m. on the earl	ier of
09-18	202	23			
Dated	// · —	•			
KI	Simon	er or authorized represe	ntative of a mamber		
1 "	Signature of a member	er or authorized represe	mative of a member		
KIM KRATZ					

Page 3 of 3