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S. FRANCELIN

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

HEALTY I	DELICIOUS FRESHLY LLC		
3010261.	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALEJANDRA VALERO (HINESTROZA	
		Name of Person	
	HEALTY DELICIOUS FI	RESHLY LLC	
	· · · · · · · · ·	Firm/Company	
	514 SW 22 nd Ave Apt 70	3	
	•	Address	
	Miami Florida Zip Code 3	3135	
		City/State and Zip Code	
	renealejandrovelazco@gma		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Alejandra Valero Hinesti	roza	786 5704395 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEALTY DELICIOUS FRESHLY LLC

company has been notified in writing of this change.

bility Company	$c_{1-1} = 02000(2025)$	
	were filed on $\frac{02/06/2023}{}$	and assigned
ving:		
the limited liab	ility company here:	
rds "Limited Liabi!	lity Company," the designation "LLC" or the a	
ble:		2023
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		PE
	514 SW 22 nd Ave Apt 703 ZP 33135	ض
OX)	Miami Florida	• -
	address on our records, enter the nan	ne of the new regis
nere:		
	*** 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ALEJANDRA	VALERO HINESTROZA	
ALFJANDRA 514 SW 22 nd /		
	Ave Apt 703 Enter Florida street address	3135
514 SW 22 nd	Ave Apt 703	3135 Zip Code
	the limited liab	the limited liability company here: Index "Limited Liability Company," the designation "LLC" or the able: [ADDRESS] 514 SW 22 nd Ave Apt 703 ZP 33135 [Miami Florida] Sistered office address on our records, enter the name

Stofceeder Calus
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
AMBR	ALEJANDRA VALERO HINESTI	514 SW 22 nd Ave Apt 703 ZP 33135	∃ Add
			□Remove
			☐ ☐ Change
			□Remove
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			□ Change
			
			□Remove
			T)Change

HERRAMIENTAS DE OR	GANIZACION DE HEAUTYDEL	ICIOUS FRESHLY LLC, com	o
PERSONA AUTORIZADA			
		 	
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: If the date inserted in this b	e date of filing: ast be specific and cannot be prior to da block does not meet the applicable Department of State's records.	te of filing or more than 90 days after	
ord specifies a delayed effecti filed.	ve date, but not an effective time, a	at 12:01 a.m. on the earlier of: (b) The 90th day afte
Miami d	O6/01/2023 Alexandra 1 Signatury of a member or authorized	,	
	10		

Typed or printed name of signee