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| (Re | questor's Name) | . |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | . . |
|---|--|---|
| HEAVENL | Y SUPER FOODS LLC | |
| SUBJECT: | 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: |
| | MAYA ALTAYARA | |
| | | Name of Person |
| | HEAVENLY SUPER FOO | DDS LLC |
| | | Firm/Company |
| | 6436 NARCOOSSEE ROA | AD APT 229 |
| | | Address |
| | ORLANDO, FL 32822 | |
| | | City/State and Zip Code |
| | HEAVENLYBITESORLA E-mail address: (| NDO@GMAIL.COM to be used for future annual report notification) |
| For further information e | oncerning this matter, please c | |
| WASIM ALBITTAR | , | 689 255-3478 |
| Name o | f Person | at () Area Code Daytime Telephone Number |
| Enclosed is a check for the | he following amount: | |
| Z \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | ~ |
| <u>Mailing Addres</u> Registration 3 | | Street Address: Registration Section |
| Division of Corporations | | Division of Corporations |
| P.O. Box 6327 | | The Centre of Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | | Tallahassee, FL 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEAVENLY SUPER FOODS 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 APRIL 13,2023 | and assigned |
|--|---|--|
| Florida document number L23000182844 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lial | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | lity Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Catan and matter address of a land. | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | . |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | |
| New Registered Office Address. | Enter Florida street address | |
| | , Florida | |
| | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and La provided for in Chapter 605, F.S. (| m familiar with and Or, if this document is |
| | | |
| | | : : |

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 |
|--------------|----------------|--------------------------------|----------------|
| MGR | WASIM ALBETTAR | 6436 NARCOOSSEE ROAD , APT 229 | = Add |
| | | ORLADO, FL 32822 | □Remove |
| | | | □ Change |
| | | | 🗖 Add |
| | | | □Remove |
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Page 2 of 3

| te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed. AT 10:00 AM | · | | | _ |
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| 1/21/2 | JUNE 10,2024 ed | AT 10:00 AM | | |
| Maya | | | | ` |
| Signature of a memori of audionized representative of a member | Sig | Maya nature of authorized reni | resentative of a member | |
| MAYA ALTAYARA | | | | |

Page 3 of 3

Filing Fee: \$25.00