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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3128

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Josue.Rodrigues@larsonatc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

IHEALTHY LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	$25.00

FILED
2023 AUG 21 PM 12:03
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 21 PM 2:49

Electronic Filing Menu Corporate Filing Menu Help

AUG 22 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHY 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:

CAROLINE LARSON
Name of Person

INTERNATIONAL DIVISION BY LARSON LLC
Firm/Company

7901 KINGSPOINTE PKWY 15
Address

ORLANDO - FL
City/State and Zip Code

JOSUEL.RODRIGUES@LARSONACC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE LARSON at (407) 3703686
Name of Person Area Code Daytime 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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

[illegible]

Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company)

[illegible] of Organization for this Limited Liability Company [illegible] [illegible]
[illegible] number [illegible]

[illegible] the following.

[illegible] name, **enter the new name of the limited liability company here:**

[illegible]

[illegible] new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

[illegible] mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

[illegible] the registered agent and/or registered office address on our records, **enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: YAGO PIMENTA PERES LOPES

New Registered Office Address: [illegible] CIRCLE
(Florida street address)

[illegible], Florida [illegible]
City / Zip Code

New Registered Agent's Signature, if changing Registered Agent:

[illegible] 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.

VAGO Pimenta Peres Lopes

If Changing Registered Agent, Signature of New Registered Agent

2023 AUG 21 PM 2:48

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

Title	Name	Address	Type of Action
AMBR	LOPES, LORENNA P, MS	12093 NE 51ST CIRCLE - OXFORD, FL 34484	☐ Add
			☒ Remove
			☐ Change
AMBR	YAGO PIMENTA PERES LOPES	12093 NE 51ST CIRCLE - OXFORD, FL 34484	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

We request the inclusion of the EIN in the Sunbiz register, please find attached the letter from the EIN

EIN - 93-2452069

E. **Effective date, if other than the date of filing:** _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b):

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated JULY. 19 2023

YAGO Pimenta Peres Lopes

Signature of a member or authorized representative of a member

YAGO PIMENTA PERES LOPES

Typed or printed name of signee

Filing Fee: $25.00