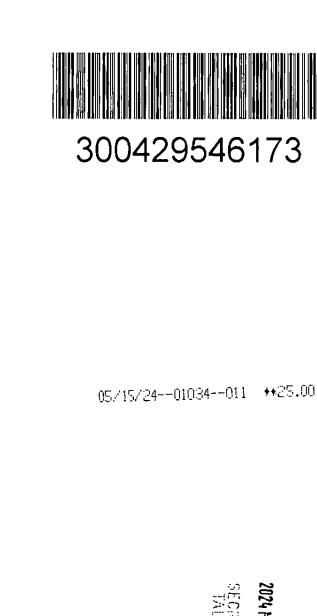
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PICK-UP

COVER LETTER

TO:

	Registration Se Division of Cor					
HEAL PRODUCTS LLC						
SUBJEC	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fec(s) are sub-	mitted for filing.			
Please rer	um all correspo	ndence concerning this matter	to the following:			
		Benjamin M. Lewis				
			Name of Person			
			Firm/Company			
		225 MURCIA DRIVE, Ap	at 313			
			Address			
		JUPITER, FL 33458				
			City/State and Zip Code			
		lewisfamily74@gmail.com				
			to be used for future annual report noti	heation)		
For furthe	er information c	oncerning this matter, please co	all:			
Anila Ras	sul		561 961-8695			
	Name o	f Person		e Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	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 Section Division of Corporations P.O. Box 6327		Registration Se Division of Cor				
		-	The Centre of Tallahassee			
	l'allahassee. I			e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEAL PRODUCTS 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 03/27/2024 and assigned Florida document number ____L24000148654 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pinky Promise Snacks LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending 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: New Registered Office Address: Enter Florida street address

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 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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change

<u></u>	
	
fan effective Note: If th	late, if other than the date of filing:
record spe I is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	05 / 08 / 2024
	3,-1=
	Signature of a member or authorized representative of a member
	Benjamin M. Lewis
,	Typed or printed name of signee

Filing Fee: \$25.00