sion of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000070206 3)))



H250000702063ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000060

: (407)674-8969 : (407)674-B970

Fax Number

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

Fmail	Address:
CINCILL	AUUI ESS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEALIFY CBD LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

40

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF HEALIFY CBD LLC

The Articles of Organization for this Florida Limited Liability Company were filed on <u>05/22/2024</u> and assigned Florida document number: L24000237577

Article I

A. If amending name, enter the new name of the limited liability company here:

HEALIFY STORE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

6253 SUNSET ISLE DRIVE, WINTER GARDEN, FL 34787

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

6253 SUNSET ISLE DRIVE, WINTER GARDEN, FL 34787

Article IV

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: FABIANO GERBASI SARDINHA

New Registered Office Address: 6253 SUNSET ISLE DR, WINTER GARDEN, FL 34787

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 om familiar with and accept the abiligations 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

Title	Name	Address	Type of Act	ion
AMBR	NETO, PEDRO M	2324 BEAR PEAK RD	REMOVE	
		MINNEOLA, FL 34715	ADD	
AMBR	FIGUEIRA SOUTO, PAULO ROBERTO	AV DAS AMERICAS, 14600 BL 03 APT 304	REMOVE	
	·	RIO DE JANEIRO, RJ 22790-702 BR	ADD	
AMBR	D. ARAUJO NETO, ATHOS RACHID	RUA BOM JESUS, 504 VILA REGENTE FEIJO	REMOVE	
		SAO PAULO, SP 03344-000 BR	ADD	
AMBR	GERBASI SARDINHA, FABIANO	6253 SUNSET ISLE DRIVE	REMOVE	
		WINTER GARDEN, FL 34787	ADD	
AMBR	GERBASI SARINHA, DANIEL	6253 SUNSET ISLE DRIVE	REMOVE	
	!	WINTER GARDEN, FL 34787 .	ADD	

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: FEBRUARY 24, DODS.

PEDRO MINETO AMBR

DANIEL GERBASI SARDINHA / AMBR

FABIANO GERNASI SARDINHA/AMBR

PAULO R. FIGUEIRA SOUTO/AMBR

ATHOS RACHID D. ARAUJO NETO / AMBR