## P190000 59985

| (Re                     | questor's Name)    | <del></del> - |
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| (Cit                    | ry/State/Zip/Phone | e #)          |
| PICK-UP                 | MAIT               | MAIL          |
| (Bu                     | siness Entity Nar  | ne)           |
| (Do                     | cument Number)     |               |
| Certified Copies        | _ Certificates     | s of Status   |
| Special Instructions to | Filing Officer:    |               |
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPORA           | ATION: HEALTHY SWEE  | TS, INC.   | , <u></u> ,,  |
|---------------------------|--|--|---|
|                           | CR: P19000059985   |  |   |
| The enclosed Articles of  | "Amendment and fee are su  | bmitted for filing.  |   |
| Please return all corresp | ondence concerning this ma   | tter to the following:   |   |
| D                         | A CRUZ, JAVIER A   |  |   |
| -                         |  | Name of Contact Person   | 1   |
| H                         | EALTHY SWEETS INC  |  |   |
| _                         |  | Firn/ Company  |   |
| 3                         | 100 NW 72ND AVENUE S   | TE 118   |   |
| _                         |  | Address  | <del></del>   |
| N                         | IIAMI, FL 33122  |  |   |
|                           |  | City/ State and Zip Cod  | е   |
| R                         | YKLATINO@HOTMAIL.  | СОМ  |   |
| <del>-</del> -            | E-mail address: (to be us  | sed for future annual report                                       | notification)   |
| For further information   | concerning this matter, pleas  | se call:   |   |
| DA CRUZ, JAVIER A         |  | at ( <sup>786</sup>  | , 615-3923  |
| Name of                   | Contact Person   | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for t | he following amount made   | payable to the Florida Dep   | artinent of State:  |
| ■ \$35 Filing Fee         | □\$43.75 Filing Fcc & Certificate of Status                                      | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                    |
| Amen<br>Divisi<br>P.O. E  | ng Address<br>dment Section<br>on of Corporations<br>fox 6327<br>assee, FL 32314 | Amend<br>Division<br>The C<br>2415 !                               | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303 |

## Articles of Amendment to Articles of Incorporation of

| MEALINI SWEETS INC   | Charles Charle | F.C                           |
|--|--|-------------------------------|
|  | as currently filed with the Florida Dept.  | of State)                     |
| P19000059985   |  |                               |
| (Documer   | nt Number of Corporation (if known)  |                               |
| Pursuant to the provisions of section 607,1006, Florida S ts Articles of Incorporation:  | tatutes, this <i>Florida Profit Corporation</i> ado  | pts the following amendment(s |
| A. If amending name, enter the new name of the cor   | poration:  |                               |
|  |  | The new                       |
| tame must be distinguishable and contain the word "corp<br>"Inc.," or Co.," or the designation "Corp," "Inc," o<br>"chartered," "professional association," or the abbrevi | or "Co". A professional corporation nam  |                               |
|  | ·  | 207                           |
| <ol> <li>Enter new principal office address, if applicable:<br/>Principal office address MUST BE A STREET ADDR</li> </ol>  | ECC)   | 7020 NOY                      |
| rincipul office unaress <u>MOST DE A STREET ADDR</u>   | <u> 232</u> )  | 0                             |
|  |  | 20                            |
|  |  |                               |
| . Enter new mailing address, if applicable:  |  | 3                             |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                               |
|  |  | 55                            |
| •  |  |                               |
| •  |  |                               |
| ). If amending the registered agent and/or registered  |  | of the                        |
| new registered agent and/or the new registered of  | nce andress:   |                               |
| Name of New Registered Agent   |  |                               |
|  |  |                               |
|  | (Florida street address)   |                               |
| New Registered Office Address:   | Ţ  | Florida                       |
| tren registered variete radiress.  | (City)   | (Zip Code)                    |
|  |  | -                             |
|  | ,  |                               |
| iew Registered Agent's Signature, if changing Regist   | ered Agent:  |                               |
| hereby accept the appointment as registered agent. I a   | m familiar with and accept the obligations o   | of the position.              |
|  |  |                               |
|  |  |                               |
|  |  |                               |
| Signatu  | re of New Registered Agent, if changing  |                               |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V - Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C - Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example:<br>X Change       | <u>PT</u>  | <u> John 1)0e</u>   |   |
|----------------------------|------------|---------------------|---|
| X Remove                   | <u></u>    | Mike Jones          |   |
|                            |            |                     |   |
| X Add                      | <u>\$V</u> | Sally Smith         |   |
| Type of Action (Check One) | Title      | <u>Name</u>         | Address                                     |
| 1) Change                  | D          | ALEJANDRA R. RUFINO | 3100 N.W. 72ND AVENUE                       |
| X Add                      |            |                     | STE 118 8 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| Remove                     |            |                     | MIAMI, FL 33122                             |
| 2) Change                  | D          | DIEGO BORYSZANSKI   | 3100 N.W. 72ND AVENUE                       |
| Add                        |            |                     | STE 118                                     |
| X Remove                   |            |                     | MIAMI. FL 33122 بين من المسلم               |
| Add                        |            | •                   |   |
| Remove                     |            |                     |   |
| 4) Change                  |            |                     | <del></del>                                 |
| Add                        |            |                     |   |
| Remove                     |            |                     |   |
| 5) Change                  |            |                     |   |
| Add                        |            |                     |   |
| Remove                     |            |                     |   |
| 6) Change                  |            |                     |   |
| Add                        |            |                     |   |
| Remove                     |            |                     |   |

| f amending or adding additional Arti<br>Attach additional sheets, if necessary). | (Be specific)  |             |           |    |
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|  |  |             | C)        | !  |
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| provisions for implementing the ame  | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:   | 7           | AH 11: 55 | į  |
| (if not applicable, indicate N/A)  | The state of the s |             | Ω.        |    |
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| date this document was signed.                                     | ) adoption:   | if other than th  |
|--|---|-------------------|
| Effective date <u>if applicable;</u> _                             |   |                   |
|  | (no more than 90 days after amendment file date)  | <del></del> _     |
| Note: If the date inserted in thi document's effective date on the | is block does not meet the applicable statutory filing requirements, this date will no Department of State's records.   | t be listed as th |
| Adoption of Amendment(s)   | (CHECK ONE)   |                   |
| ■ The amendment(s) was/were action was not required.               | adopted by the incorporators, or board of directors without shareholder action and sha  | reholder          |
| ☐ The amendment(s) was/were by the shareholders was/were           | adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.   |                   |
| must be separately provided. "The number of votes o                | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):  ast for the amendment(s) was/were sufficient for approval |                   |
| by   | (voting group)  |                   |
| 11-11-20<br>Dated  | (voting group)  | O                 |
|  |   |                   |
| sele   | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)         |                   |
|  | DA CRUZ, JAVIER A   |                   |
|  | (Typed or printed name of person signing)   |                   |
|  | PRESIDENT   |                   |
|  | (Title of person signing)   |                   |