P19000059985

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	<u>COVER LETTER</u>	, ,
TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: HEALTHY	SWEETS INC	
DOCUMENT NUMBER: P19000059985		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning to	his matter to the following:	
JAVIER A DA CRUZ		
	Name of Contact Pers	on
HEALTHY SWEETS	INC	
3100 NW 72ND AVE	Firm/Company NUE 5 E 18	
,	Address	,
MIAMI FL 33122		
	City/ State and Zip Co	de
Healthysweets 1 @HOT	rmail.com	
E-mail address: (to	o be used for future annual repor	rt notification)
For further information concerning this matter	r, please call:	
JAVIER DA CRUZ	at (6153923
Name of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida De	partment of State:
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	cee & S43.75 Filing Fee & certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amer Divisi The C 2415	t Address Idment Section Idment Section Identifications Centre of Tallahassee N. Monroe Street, Suite 810 Inassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HEALTHY SWEETS INC.

THEACHT SWELLS INC	
(Name of Corporation as currently filed with the Florida Dept. of S	<u>State</u>)
P19000059985	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts its Articles of Incorporation:	the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or th "Inc.," or "Co". A professional corporation name "chartered," "professional association," or the abbreviation "P.A."	e abbreviation "Corp.," must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	tne
Name of New Registered Agent	
(Florida street address)	
(Fioriaa street adaress)	
New Registered Office Address:, Flo	rida (Zip Code)
(Cay)	(Σφ Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of t	he position.
)21
	写
Signature of New Registered Agent, if changing	2021 F.S.Y 1.7
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.	
The amendment(s) is rate being med pulsuant to 8, 007.0120 (11) (c), r.s.	ι;, -,
	2: 45

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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	ALEJANDRA R RUFINO	3100 NW 72ND AVE STE 118
Add			MIAMI FL 33122
X Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	In distal
	(no more than 90 days after amenament fo	ie date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requestrement of State's records.	irements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for ficient for approval.	the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The jeach voting group entitled to vote separately on the am	following statement endment(s):
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by	•	
<u> </u>	(voting group)	
Dated 05	-05-2621	
Dated	6	
Signature		
(By a di selec	for, president or other officer – if directors or officer by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	IAVIER A DA CRUZ	
	(Typed or printed name of person signing)	
	(Title of person signing)	