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COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJE	ст: <u>ХХ</u> Х‡Я	CORDINAIRE Name of Limi	Juices LLC ted Liability Company	
The enc	losed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspond	ence concerning this matter t	to the following:	
		Aunge	la Llwis Name of Person	
		XXX+Rac	Firm/Company	
		4404 John	Bell DK	
			Address	
		Tamp	City/State and Zip Code	
		E-mail address: (t	Gela Quahon, com o de used for future annual report notific	ation)
For furt	her information con-	cerning this matter, please ca	AI:	
<u></u>	rungela L Name of P	erson	at (S13) 753 - 1 Area Code Daytime T	5 7 CO Telephone Number
Enclose	d is a check for the	following amount:		
5 \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

XXX+racedina Re (Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on a lability Company)	our records.)	
The Articles of Organization for this Limited Liab	oility Company			and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liab	ility company here:		
The 2 Boss, Collection The new name must be distinguishable and contain the word	<u>しして</u> ds "Limited Liabil	ity Company," the design	ation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicab		4404 Jok	n Bell I	Dre.
(Principal office address MUST BE A STREET	ADDRESS)	Tampa	FL 33	410
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>			
			r records, enter	the name of the ne
Name of New Registered Agent:	Aur	ngela Lew	is Jr.	
New Registered Office Address:	4400	John Be. Enter Florida st	reet address	
	Tar	n pa City	, Florida _	33 4 10 Zip Code
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	e registered of ce address here	fice address on our GEIN LEW John Be Enter Florida st	r records, enter	the name of th

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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Cro</u>	Aungela Lewis	4404 John Bell JK D	o⊂ □ Add
		Tamper FL 33610	Remove
		Address added (Jr) in US	Change
		Add	
			Remove
			Change
			Remove
			Change
		 	□ Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			D Add
			Remove
			Change

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>U</u>	SPS Now has the Address in the system 175
	4404 John Bell Je. Dre instead of
	4404 John Bell Dr. Tampa, Fl 33410.
7	Please chang. if ned be. I attempted to Add
	the Je in Section B. of page 1 which is why
. ,	t is crossed out. Thank you.
	1 15 CROSSECTION. MANC Gar.
	
_	
(If an offect Note: If	e date, if other than the date of filing: ON ON 2020 (optional) tive 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) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the at's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	Signature of a member of a uthorized representative of a member
	Augela Lewis Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00