## L2100066559

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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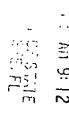


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## **COVER LETTER**

SUBJECT:	RER Juice Bi	ar LLC	
	BJECT:    Record   Re		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Araya	Rilly Name of Person	
	RER Juic	e Bar LLC Firm/Company	<del></del>
	2159 Highla	nd's Road Address	
	Punta Gorda	City/State and Zip Code	
	YY JUICEOCHT E-mail address: (1	e gmail. (om to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Araya R Name of	Person	at (941) 249 - Area Code Daytime	1070 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S		Street Address: Registration Sec	tion
Division of Co		Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NCE BAR			
( <u>Name of the Limited</u> (A	Liability Comp Florida Limited	pany as it now appears I Liability Company)	on our records.)	
The Articles of Organization for this Limited Lial Florida document number <u>L21000665</u>		y were filed on2	2/8/2021	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited lia	bility company her	<u>e</u> :	
NA				
The new name must be distinguishable and contain the wor	ds "Limited Liab	bility Company," the des	ignation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applical	ole:	NA _		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:		NA		3
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		· · · · · · · · · · · · · · · · · · ·	·
				<u> </u>
			<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		e address on our rec	cords, enter the name	e of the new registere
Name of New Registered Agent:	NA			
New Registered Office Address:				
		Enter Florid	la street address	
		<del>-</del>	, Florida	
		City		Zip Code

## 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 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 Action
MGR	Araya Riley	2159 Highlands Rd	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Purha Gorda FL 33983	□Remove
			□Change
MGR	Adam Riley	2159 Highlands Rd	XAdd
		Purto Gorda Fl 33983	□Remove
			□Add
			□ Change
			□ Add
			□Remove
			□Change
<del></del>			□Add
			□ Remove
			□Change
			□Remove
			□Change

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fective date, if other that an effective date is listed, the dat ote: If the date inserted in the ocument's effective date on the	te must be specific and his block does not m	cannot be prior to date eet the applicable s			
ecord specifies a delayed efi is filed.					lay after the
ated May 12	,	2021			
	avensi	Rilm			
	Signature of a n	nember or authorized	representative of a memb	er	

Filing Fee: \$25.00