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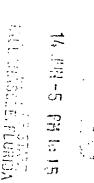
(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of	of Corporations	
JU-CI SUBJECT:	CEE LLC	
SOBJECT.	Name of Limited Liability Company	
The enclosed Article	les of Amendment and fee(s) are submitted for filing.	
Please return all corr	rrespondence concerning this matter to the following:	
	Cheyenne Moseley	
	Name of Person	
	Legalzoom.com, Inc.	
	Firm/Company	
	100 W. Broadway Suite 100	
	Address	
	Glendale, CA 91210	
	City/State and Zip Code	
	roachie36@hotmail.com E-mail address: (to be used for future annual report notification)	
For further informat		٠,
	tion concerning this matter, please call:	
Imelda Vasquez	323 962-8600 ext 7950	
Na	Iame of Person Area Code Daytime Telephone Number	
Enclosed is a check	s for the following amount:	
□ \$25.00 Filing Fe	Tee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Copy (additional copy	`Status & y
М	AAILING ADDRESS: STREET/COURIER ADDRESS:	

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

JU-CEE LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)		
orida document number L12000148248.		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Fresh juicee LLC		·	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1330 West Ave #414		
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach, Florida 33139		
Enter new mailing address, if applicable:	1330 West Ave #414		
(Mailing address MAY BE A POST OFFICE BOX)	Miami Beach, Florida 33139	<i>→</i>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		ter the name of the ne	
New Registered Office Address:	Enter Florida street address		
	. Florida	1	
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Type of Action** SARAH ROACH 1330 West are \$414 Miami Beach fl _□ Remove □ Add ☐ Remove ____ _□ <u>Re</u>move □ Add ☐ Remove □ Add □ Remove □ Add □ Remove

If amending any other information, enter change(s) here: (Attach add	litional sheets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
Dated 0603204	
Signature of a member or authorized representa	tive of a member
Sarah Roach	
Typed or printed name of signer	2

Page 3 of 3

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Filing Fee: \$25.00