

L18000236732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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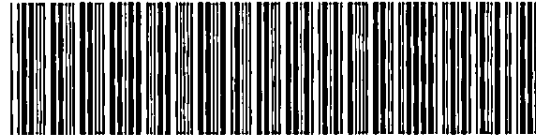
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Go Juice USA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julianne Baksh

Name of Person

Juicy St. Augustine

Firm/Company

119 14th Street

Address

St. Augustine, FL 32080

City/State and Zip Code

bakshbrokers@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julianne Baksh

904 377-3723

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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

APPROVED
AND
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2019 JUN 21 PM 3:37
CLERK OF CIRCUIT COURT
JULIANNE BAKSH

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GO JUICE USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/05/2018 and assigned
Florida document number L18000236732.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Juicy St. Augustine LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nicholas Fairman		<input type="checkbox"/> Add
		221 Flagler Ave. New Smyrna, FL 32169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dylan SMith		<input type="checkbox"/> Add
		221 Flagler Ave. New Smyrna Beach, FL 32169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Dunphy		<input type="checkbox"/> Add
		221 Flagler Ave. New Smyrna Beach, FL 32169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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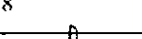
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 18, 2019

ne 18



Signature of a

Julianne Baksh

Signature of a member or authorized representative of a member

Julianne Baksh

Typed or printed name of signee