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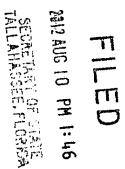
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J. BRYAN

AUG 1 3 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section

Division of Cor	porations					
CHDIECT.	THE JUIC	CE HOUSE LLC				
SUBJECT:		ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:	<b></b>			
			神皇で			
		MARIBEL REYES				
		Name of Person				
	TH	E JUICE HOUSE LLC	FILL SEE, FLOADE			
		Firm/Company	3.45			
	10320	103200 AVERSEAS HWY #13				
		Address				
	KEY	LARGO FLORIDA 33037				
		City/State and Zip Code				
	T1	N/A to be used for future annual report notificati				
Ear further information	concerning this matter, please c		Cit)			
For further information (	concerning this matter, please c	aii.				
	RIBEL REYES	at ( /	9-9197			
Name o	of Person	Area Code & Daytime Te	llephone Number			
Enclosed is a check for t	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Shows a second status & Certificate of Status & Certified Copy (additional copy is enclosed)			
Regist Divisi	LING ADDRESS: tration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation				
	Box 6327 nassee, FL 32314	Clifton Building 2661 Executive Center	r Circle			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARCHARACTOR INC.

## THE JUICE HOUSE 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				and assigned	
Florida document numberL0900001					
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited lia	bility company he	<u>re</u> :		
	N/	Α			
The new name must be distinguishable and end wi "L.L.C."	th the words "Lin	nited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applie	eable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)					
		N1/A			
Enter new mailing address, if applicable:	no.	N/A			
(Mailing address MAY BE A POST OFFICE	<u>BUX)</u>				
		N micro mass (st.			
B. If amending the registered agent and			our records, <u>enter tl</u>	ne name of the new	
registered agent and/or the new registered o	ffice address he	ere:			
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		E	Enter Florida street address		
		N/A	, Florida	N/A	
		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 608, 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 to Managing	the Managers or Managing Members o Member being added or remoyed from	n our records, <u>enter the title, name, and add</u> our records:	ress of each Manager		
MGR = Mana MGRM = Ma	GR = Manager GRM = Managing Member				
Title	<u>Name</u>	Address	Type of Action		
MGR	ANTONIO BLASSIO LOPE	786 DOLPHIN AVENUE KEY LARGO, FLORIDA 33037	Add Remove		
	N/A		Add Remove		
	<u>N/A</u>		Add Remove		
	<u>N/A</u>		Add Remove		
	N/A		Add Remove		
	<u>N/A</u>		Add Remove		
D. If amendin		(s) here: (Attach additional sheets, if necessary.			
			TILE TO THE THE TO		
		(	ED SAME		
Dated	07/31/2012 Manifa Signature of a member of	or authorized representative of a member	<b>愛</b> 命 <b>あ</b> 		
MARIBEL REYES					
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00