10000015289

-	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P 🔲 WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	itatus

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L. SELLERS

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EXAMINER

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Division of C	Section orporations			
SUBJECT:	Miami J	uice Club, LLC		
		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
		Matthew Sherman Name of Person		
JugoFresh LLC Firm/Company				
1000 South Pointe Drive #3201				
		Address		
	Miami Beach, FL 33139 City/State and Zip Code			
	E-mail address: (newsherman1@mac.com to be used for future annual report notifica	tion)	
For further information	concerning this matter, please o	eall:		
	tthew Sherman of Person	at (<u>305</u>) <u>98</u> Area Code & Daytime T	39-5100 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)	
	LING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wilami Juice C	UD, LLC		
(Name of the Limited Liability Company a (A Florida Limited Liab	lity Company)	on our records.)	
The Articles of Organization for this Limited Liability Company we	ma filad on	7/16/0010	and assigned
	re med on	7/10/2010	and assigned
Florida document numberL10000075289			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
JugoFresh L	LC		
The new name must be distinguishable and end with the words "Limited "L.L.C."		" the designation "Ll	C" or the abbreviation
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 th	e name of the new
registered agent and/or the new registered office address here:			
		TA _L	SE 1
Name of New Registered Agent:		LA	윤 현
		AS	A
New Registered Office Address:		Florida street adam	2 8
	Enter	rioriaa sireel adam	7 TE 1
		, Florida 🥰	
	ity	D.	Zij a o de
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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> <u>Address</u> Add ☐ Remove Add Remove □ Add Remove ☐ Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 3/27/11 Signature of a member or authorized representative of a member Matthew Sherman Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00