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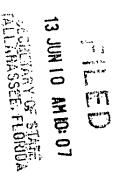
(Requestor's Name)	
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PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
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JUN 11 2013

## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	Ocean Go	ourmed LLC	
SUBJECT.	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	SHO TO
	Ardash	er Asadullaev	MO NO OT
	• • • •	Name of Person	
	Осеан	Governuet LLC Firm/Company	•
		oughton Ct Address	
		Beach, FL, 33 City/State and Zip Code	436
		City/State and Zip Code	_
	E-mail address: (t	tive cheta ya hoo.  o be used for future annual report notificati	(ou
For further information of	concerning this matter, please c		,
	-	at (305) 747 988 S	
Name o	of Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for t	he 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF	
(Name of the Limited Liability Company	As it now appears on our records.)
(Name of the Limited Liability Company (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company w	vere filed on 10/17/20/A Sand assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Juice berry Natural L	LC extends
The new name must be distinguishable and end with the words "Limite "L,L.C."	
Enter new principal offices address, if applicable:	110 S Broughton Ct
(Principal office address MUST BE A STREET ADDRESS)	110 S Broughton Ct Boynton Beach, FL, 33436
Enter new mailing address, if applicable:	same
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	
	4 /a
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	2., 20.
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr	ete performance of my duties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each vacuum or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name		Type of Action
MG	Aigul Kamirova	110 S Broughton Ct Boynton Beach, FL, 33436	Addi
		Boynton Beach, FL, 33436	Remove
			_
	4		Add
			Remove
			<del>-</del>
	A Market		Add Add
		CHASSEE, FLORIDA	Remove
			To: of
			Add
			Remove
			Add
			Remove
		***************************************	Add
			Remove

mending a	iny other information, enter change(s) here: (Attach additional sheets, if necessary.
	06-05-2013,
	Signature of a member or authorized representative of a member
	Ardosher Asadullaev Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 JUN 10 AM 10:07