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TI NOV -8 PM 1: 05
SECRETARY OF STATE

J. BRYAN

NOV - 9 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	ECT:	Just	Juice It, LLC.		
50.501			nited Liability Company		
The en	closed Articles o	f Amendment and fee(s) are so	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	er to the following:		
•			Ed Estriplet, Jr. Name of Person		· .
			Name of Ferson		
		Re	vitalizing Juice.com, LLC.		•
			Firm/Company		
		43 Soi	uth Pompano Parkway # 31	5	
			Address		>0.
		Po	mpano Beach, FL 33069		THE T
			City/State and Zip Code	· · · · · ·	製して
		inf	o@revitalizingjuice.com		NOV-8 PM
For fur	ther information	E-mail address: concerning this matter, please	(to be used for future annual report notificall:	ication)	NOV-8 PM 1: 05 LAHASSEE: FLORIT
	Ed	J Estriplet, Jr.	at (_ 855)	585-8423	200
		of Person	Area Code & Daytim		<u>, </u>
Enclose	ed 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) Certified	te of Status &
	Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

AD

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jus	st Juice It, LLC.		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	10/23/2011	and assigned
Florida document number L11000120858	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	ere:	,
Revitaliz	zing Juice.com, LLC.		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	pany," the designation "	'LLC" or the abbreviation
Enter new principal offices address, if applicable:	SAME ADDI	RESS	
(Principal office address MUST BE A STREET ADD	RESS)		
) 	2 =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME ADDI	RESS	TILE I
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the new
Name of New Registered Agent: SAN	ME REGISTERED AGE	ENT & ADDRESS	, , , , , , , , , , , , , , , , , , , ,
New Registered Office Address:			
	Er	iter Florida street add	tress
		, 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 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

Page 1 of 2

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:

f

<u>Γitle</u>	Name	Address	Type of Action
	•		Add Remove
			Add Remove
			=
			Add
). If amend	ling any other information, er	nter change(s) here: (Attach additional s	sheets, if necessary.)
			200 4
			NOV-8 RETARY CAHASSEE
Pated	04 November	, <u>2011</u>	F STATE OF
	Signature	a member of authorized representative of a	

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Filing Fee: \$25.00