

L11000125686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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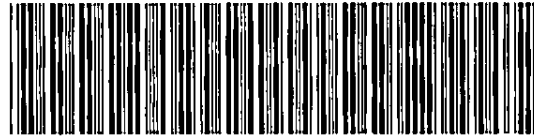
(Business Entity Name)

(Document Number)

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AMENDMENT WAS FILED IN ERROR

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T. LEVEUX

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JUVI 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:

Jason Villalona

\_\_\_\_\_  
Name of Person

MyUSAcorporation.com

\_\_\_\_\_  
Firm/Company

1 Radisson Plaza, Suite 800

\_\_\_\_\_  
Address

New Rochelle, NY, 10801

\_\_\_\_\_  
City/State and Zip Code

agustin@vargasmanriquez.com

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

For further information concerning this matter, please call:

Jason Villalona

877  
at ( )

3302677

\_\_\_\_\_  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

JUVI LLC

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

2019 APR 23 P 3:50

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The Articles of Organization for this Limited Liability Company were filed on 11/03/2011 and assigned  
Florida document number L11000125686.

This amendment is submitted to amend the following:

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

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:

15390 SW 20 ST.

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL 33185

Enter new mailing address, if applicable:

15390 SW 20 ST.

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FL 33185

**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:

ENRIQUE L COLINA

New Registered Office Address:

15390 SW 20 ST.

*Enter Florida street address*

MIAMI


*City*

Florida 33185

*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>
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

1. Introduction  
 2. Background  
 3. Methodology  
 4. Results  
 5. Discussion  
 6. Conclusion  
 7. References  
 8. Appendix  
 9. Index  
 10. Glossary  
 11. Abbreviations  
 12. Footnotes  
 13. Tables  
 14. Figures  
 15. Equations  
 16. Formulas  
 17. Diagrams  
 18. Charts  
 19. Maps  
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F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (Optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 10th, 2019

Signature of a member or authorized representative of a member

Agustin Vargas - Authorized Representative

Typed or printed name of signee