

1120000734 / 7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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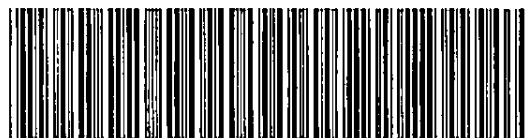
(Business Entity Name)

(Document Number)

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2017 AUG 21 PM 12:59
ST. CLAIR COUNTY, FLORIDA
TALLAHASSEE, FLORIDA

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D BRUCE
AUG 22 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cold Pressed Raw Beverages, 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:

Timothy D. Henkel, Esq.

Name of Person

Henkel & Cohen, P.A.

Firm/Company

7480 SW 40th Street, Suite 450

Address

Miami, Florida 33155

City/State and Zip Code

tdh@miamibusinesslitigators.com

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

For further information concerning this matter, please call:

Tim D. Henkel

305 971-9474

at ()

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

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2017 AUG 21 PM 12:59
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Cold Pressed Raw Beverages, 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 06/01/2012 and assigned
Florida document number L12000073417

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:

(Principal office address MUST BE A STREET ADDRESS)

7480 SW 40th Street, Suite 450

Miami, Florida 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7480 SW 40th Street, Suite 450

Miami, Florida 33155

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:

Tim D. Henkel

New Registered Office Address:

4780 SW 40th Street, Suite 450

Enter Florida street address

Miami

City

Florida

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2011 AUG 21
FALLAHASSEE, FLORIDA

33155
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>
MGR	Tatiana P. Peisach	2062 NE 155th Street	<input type="checkbox"/> Add
		North Miami Beach, FL 33162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P, D	Debbie Hansen	12 Ponferrada Way	<input checked="" type="checkbox"/> Add
		Hot Springs Village, AR 71909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

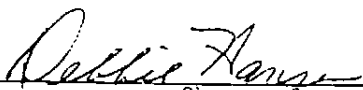
E. Effective date, if other than the date of filing: _____ (optional)

(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 August 17, 2017



Signature of a member or authorized representative of a member

Debbie Hansen, as President and Director

Typed or printed name of signer