(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	<u>-</u>
(Cit	ty/State/Zip/Phone	e #)
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C. LEWIS MAR 2 6 2013

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor		明	
SUBJECT: 60	GO Fresh Name of Limi	Holdings, LLC ted Liability Company	
The enclosed Articles of	Amendment and fce(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Bradi	J. Cobb Name of Person	
	Cobb	Eddy Mijaves, P	CLC
		NE 3rd Ave	
		Nevdale FL 3331 City/State and Zip Code	
	E-mail address: (t	BB O CEMLAW. A	VET ion)
For further information co	oncerning this matter, please ca		
Brady Co	Person	at (<u>954</u>) <u>980 245</u> Area Code & Daytime To	6 elephone Number
Enclosed is a check for th	e following amount:		
₩ \$25.00 Filing Fec	□\$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 SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS **OF**



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60 60 F	resh Holdings, LLC	
(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Li Florida document number <u>L130000 42</u>		o/13 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE I	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered off		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
		, 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

MGRM = Ma	naging Member	2813 MAR 25 AM 8: 56	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JMB Holdings, LCC	300 South Point Drive, # 907	Add
		Miami Beach, FL 33139	U Remove
MGR	JMG Strategies, LLC	300 South Point Drive, #9	67 LAdd
		Miami Beach, FL 33139	Remove
MGR	ENARA, LLC	176 NE 43rd Street	Add
		Miami, FL 33137	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

nmending any other information, enter c	thange(s) here: (Attach additional sheets, if necessary.) SLORE TARY OF TO	EU Of STATE
	2013 MAR 25	AM 8: 56
3-25-13		
Signature of the first	ember or authorized representative of a member Wy J. (II) 19515 Fored Ogent and actherized Typed or printed name of signee	represent
	Page 3 of 3	
	Filing Fee: \$25.00	