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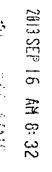
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J. SAU! SREPRY EXAMMEN

SEP 1 g 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIECT

JUVA 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:

SONIA BOTERO

Name of Person

JP GLOBAL BUSINESS

Firm/Company

7325 NW 36TH ST

Address

MIAMI FL 33166

City/State and Zip Code

MASTER@JPGBUSINESS.COM

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

For further information concerning this matter, please call:

SONIA BOTERO

ູ,30է4360093

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

JUVA, LLC				
(Name of the Limited Liability Compa (A Florida Limited 1	ny as it now appears on our record Liability Company)	<u>is.</u>)	_	
The Articles of Organization for this Limited Liability Company Florida document number L13000104221 .	were filed on 07/15/2013	an	d assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designa	tion "LLC" or	the abl	previation
Enter new principal offices address, if applicable:		~	26	
(Principal office address MUST BE A STREET ADDRESS)		- 'y,	13 85	
Enter new mailing address, if applicable:	7325 NW 36TH ST		6 AM	1 (100)
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33166	25-	ge.	
		5 %	\$3	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		nter the nar	me_of	the nev
New Registered Office Address:	Enter Florida stre	et address		
	, Flori			
	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 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:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Remove Remove Remove

If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
ted 09/10	0/2013
tea	- Temple
-	Signature of a member or authorized representative of a member
F	FERNANDO JÍMENEZ
_	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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