L14000013297

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
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COVER LETTER

	gistration Secti rision of Corpo	
CHD IECT.	SpaJuiceB	Bar LLC
SUBJECT:		Name of Limited Liability Company
The enclosed	d Articles of Ar	mendment and fee(s) are submitted for filing.
Please return	n all correspond	lence concerning this matter to the following:
		Sonia M. Terboss
		Name of Person
		SpaJuiceBar
		Firm/Company
		729 SE 13th Street,
		Address
		Ft. Lauderdale, FL 33316
		City/State and Zip Code
		SoniaT@SpaJuiceBar.COM E-mail address: (to be used for future annual report notification)
For further in	nformation con	cerning this matter, please call:
Sonia M.	Terboss	954 993-2636
	Name of P	
Enclosed is	a check for the	following amount:
□ \$25.00 I	Filing Fee	■\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

SpajuiceBar LLC		
(Name of the Limited Liab (A Flor	oility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L14000013297	4	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the words "	Limited Liability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		PAS W
Enter new mailing address, if applicable:		R CRAM
(Mailing address MAY BE A POST OFFICE BOX)		O Dispos
		3 12
		7
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our r <u>ldress here</u> :	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

On a lista a Day LLO

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	John A. Terboss, COO	729 SE 13th Street,	■ Add
		Ft. Lauderdale, FL 33316	□ Remove
			□ Add
	, ,		Remove
			□ Remove
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	-		Add
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			□ Remove
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ne effective date must be specific, cannot be prior to date of receipt or filed da	(optional) te and cannot be more than 90 days after
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he effective date, if other than the date of filing: he effective date must be specific, cannot be prior to date of receipt or filed da he date this document is filed by the Florida Department of State) March 6, 2015	te and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00