114000013655

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SECRETARY OF STATE
TALLAHASSEE.FLORIDA

N COOPER APR 27 2018

COVER LETTER

	Registration Sec Division of Corp						
•	Smoothie B	oost 5, LLC					
SUBJECT: Name of Limited Liability Company							
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspor	ndence concerning this matter	to the following:				
		Ryan Cipparone, Esquire					
			Name of Person				
		Cipparone & Cipparone, P	P.A.				
	Firm/Company						
		1525 International Parkwa	y, Suite 1071				
			Address				
		Lake Mary, FL 32746					
			City/State and Zip Code				
		RCipparone@cipparonepa.com					
		E-mail address: (to be used for future annual report notifi	cation)			
For further	er information co	ncerning this matter, please c	all:				
Ryan Cip	parone, Esquire		321 275-5914 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed	is a check for the	e following amount:					
\$25.0	0 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

Smoothie Boost 5, LLC					
(Name of the Limited	Liability Comp Florida Limited	any as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Lial	bility Company	y were filed on 1/24/14		and assigne	ed
Florida document number L14000013655					
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liat	bility company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liab	ility Company," the designation	n "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applical	ole:	199 Mitchell Hammock	Road	29	L SECT
(Principal office address MUST BE A STREET		Oviedo, FL 32765		PR	
	_			26	SSE
				3	<u></u>
Enter new mailing address, if applicable:		199 Mitchell Hammock	Road	ယ္	LOX ATS
(Mailing address MAY BE A POST OFFICE BOX)		Oviedo, FL 32765		<u> </u>	<u>5</u> #
B. If amending the registered agent and/or registered agent and/or the new registered officers.			ecords, enter the	name of 1	he new
Name of New Registered Agent:	Diego F. Mera	, Jr.			
New Registered Office Address:	141 Fairway T				
		Enter Florida street	address		
	Casselberry		, Florida <u>32707</u>		
		City [,]	2	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

Diego F Man Jr.

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>	Address	Type of Action
Pres	Edwin M. Garcia	3019 Winnetka Drive	Add
		Bonita, CA 91902	Remove
			□ Change
VP	Lucena A. Garcia	3019 Winnetka Drive	Add
		Bonita, CA 91902	_ ■ Remove
			☐ Change
MGR	Diego Mera	141 Fairway Ten Drive	
		Casselberry, FL 32707	_ ■ Remove
			Change
AMBR	Diego F. Mera, Jr.	141 Fairway Ten Drive	■ Add
		Casselberry, FL 32707	□ Remove
			□ Change
AMBR	Amanda H. Harden	141 Fairway Ten Drive	Add
		Casselberry, FL 32707	□ Remove
			☐ Change
			Add
			□ Remove
			Change

Amanda H. Harde	en is co-owner					
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tive date, if other	than the date of fili the date must be specific a	ng:		(opti	onal)	
Tective date is listed, If the date inserte	the date must be specific a d in this block does not	nd cannot be prior to meet the applical	odate of filing or mo tale statutory filing	ore than 90 days after requirements, this	filing.) Pursuant to (s date will not be l	605.020 isted a
nent's effective dat	e on the Department of	State's records.		,		
cord specifies a	delayed effective	date, but not	an effective t	ime, at 12:01 a	a.m. on the ea	rlier o
e 90th day afte	r the record is filed	l.				
7mmil 10		2018				
April 18		-,	<u>-</u> ·			
	A.	i 	Mon of)		
	Signature of	a member or authori	zed representative	of a member		

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00



April 23, 2018

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: SMOOTHIE BOOST 5, LLC

To Whom It May Concern:

My firm represents SMOOTHIE BOOST 5, LLC. Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization for Smoothie Boost 5, LLC, and my firm's check in the amount of Twenty Five and No/100 Dollars (\$25.00) for filing fees. As you can see, the Company is removing members and adding new members.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Ryan Cipparone

cc: Client (via Email)