## L14 6001 22927

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TO: Registration Division of C	n Section Corporations
	I Junga Juice Bar, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	espondence concerning this matter to the following:
	Abigail Edelstein
	Name of Person
	The Law Office of Abigail Edelstein, P.A.
	Firm/Company
	1220 Commerce Park Drive, Suite 203
	Address
	Longwood, FL 32779
	City/State and Zip Code
	abigail@edelsteinlawoffice.com
	E-mail address: (to be used for future annual report notification)
For further informatio	on concerning this matter, please call:
Abigail Edelstein	407 862-9449 at ()
Nam	ne of Person Area Code Daytime Telephone Number
Enclosed is a check fo	or the following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

<u>ئ</u> ۾

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

The Articles of Organization for this Limited Liability Company were filed on 03/05/2014 and assigned Florida document number L14000122923  This amendment is submitted to amend the following:  A. If amending name, enter the pare name of the limited liability company here:  The new more must be distinguishable and ceresia the world "Limited Liability Company," the designation "L1C" of the abbase address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Principal office address MUST BE A POST OFFICE BOX)  Enter new mailing address, if applicable:  (Principal office address MAY BE A POST OFFICE BOX)  Enter new mailing address on our records, enter the game of the megistered agent and/or registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Carnel Bergstrom    Carnel Bergstrom	Tropical Junga Juico Bar, LLC			
This amendment is submitted to amend the following:  A. If amending name, enter the pare name of the limited liability company here:  The new name must be desinguishable and certain the works "Limited liability Company," the designation "LLC" or the abbreviation "LLC" or the ab	Name of the Limi	red Liability Comp (A Florida Lausied	Proposity Combani	HET OF CAL CENTIFY
A. If amending name, enter the pays name of the limited liability company here:  The new mone must be desinguishable and centum the words "Limited Liability Company," the designation "LLC" of the abbact adios: "L. C. C. Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the game of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Carmel Bergsworn  New Registered Office Address:  Enter Florids area oddress.		iability Company	y were filed on _	8/15/2014 व्याचे कऽशंहराल्वे
The new name must be destinguishable and constain the words "Limited Landlity Company," the designation "LLC" or the abbreviation "L. C"  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, anter the game of the negistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Carmel Bergsworn  New Registered Office Address:  Enter Florids areas oddress	This amendment is submitted to amend the foli	lowing:		
Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the game of the registered agent and/or the new registered affice address here:    Name of New Registered Agent:   Carmel Bergsworn	A. If amending name, enter the pow name:	of the limited list	hility company	tere:
(Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the game of the nergistered agent and/or the new registered office address here:    Name of New Registered Agent:   Carmel Bargsmoon	The new name must be destinguishable and contain the	da.1 kəlimi.1" əbro	die Cempens," the	designation T.J.C. of the abbreviation J. L. C.
Enter new mailing address, if applicable:  (Mailing address MAX BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the game of the negistered agent and/or the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Carmel Bargsworn  2745 Orchid Lane  Enter Florida areas oddress	Enter new principal offices address, if appli-	cable:		
Molling address MAY BE A POST OFFICE BOX:  B. If amending the registered agent and/or registered office address on our records, enter the game of the negistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Cornel Bargsworn  New Registered Office Address:  Enter Florida print offices	(Principal office address MUST BE A STRE	ET ADDRESS)		rivelant et de l'An Salvalanteur en reconstruitable de sinomer en su Millendrich belot sons Alle A sans a salvfat Mill
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Pregistered agent and/or the new registered office address here:    Name of New Registered Agent:   Carmel Bergstrom	(Molling address MAY BE A POST OFFICE	BQX0	Kissimose, F	1, 34744
Florida	registered agont and/or the new registered of New Registered Agent:	Cormol Bergst  2745 Orchid L	re: uom	eristo streci oddresa
Cin. Zw Code		A)SSIDMINGC	Cin	Florida 237441 Zp Cale

## New Registered Accent'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.

Page 1 of 3

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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>	Name	<u>Address</u>	Type of Action
AMBR	Raul Pascual	7044 22nd Ave. N	□ Add
		St. Petersburg, FL 33710	<b>≡</b> Remove
			☐ Change
			Add
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te: If the date inserte	d in this block does not meet the applicable :	(optional) te of filing or more than 90 days after filing.) Pursuant to 60 statutory filing requirements, this date will-not be lis
	e delayed effective date, but not an r the record is filed.	effective time, at 12:01 a.m. on the earl
May 5	, 2015	90 - 71 90 - 71 90 - 71
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ed May 3	tragal Edelsters	
ed	Signature of a member or authorized	representative of a member

Page 3 of 3

Filing Fee: \$25.00