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K.SALY EXAMINER MAY 21 2015

COVER LETTER

	istration Secision of Corp			
SUBJECT:	TROPICAL	JUNGA JUICE BAR, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		CATHERINE CARVER		
			Name of Person	
		TROPICAL JUNGA JUIC	E BAR, LLC	
			Firm/Company	
		7044 22ND AVE. N		
			Address	
		ST. PETERSBURG, FL 3	3710	
			City/State and Zip Code	
		CCARVER10@TAMPABA		
		E-mail address: (to be used for future annual rep	ort notification)
For further in	nformation co	ncerning this matter, please c	all:	
CATHERIN	E CARVER		727 831-7 at ()	109
	Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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

FILET)
2018 MAY 19 PH 3:27

TROPICAL JUNGA JUICE BAR, LLC

(Name of the Limited Liability Company as it now appears on our records.)

	(A Florida Limited Li	iability Company)	Market, Market.		
The Articles of Organization for this Limited L Florida document number L14000122923	iability Company v	were filed on	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabil	lity company here:			
The new name must be distinguishable and contain the	need the following: new name of the limited liability company here: d contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ess, if applicable: EASTREET ADDRESS) plicable: 6822 22nd Ave North Suite 177 Saint Petersburg, FL 33710 agent and/or registered office address on our records, enter the name of the new registered office address here:				
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:		6822 22nd Ave North			
(Mailing address MAY BE A POST OFFICE	BOX)	Suite 177	100.00		
		Saint Petersburg, FL 33	710		
B. If amending the registered agent and registered agent and/or the new registered of	•		ecords, enter the name of the new		
Name of New Registered Agent: Catherine Carr		r			
New Registered Office Address:	New Registered Office Address: 6822 22nd Ave North, Suite 177				
	_	Enter Florida stree	t address		
	Saint Petersburg	<u> </u>	, Florida 33710		
		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 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 Seent, Signature of New Registered Agent

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
AMBR	PASCUAL, RAUL	7044 22ND AVE N.	Add
		ST. PETERSBURG, FL 33710	Remove
			Change
AMBR	BERGSTROM, CARMEL	7044 22ND AVE N.	
		ST. PETERSBURG, FL 33710	■ Remove
			☐ Change
MGR	CATHERINE CARVER	7044 22ND AVE N.	E Add
		ST. PETERSBURG, FL 33710	□ Remove
			□ Change
MGR	GEMMALYN CROSBY	7044 22ND AVE N.	Add
		ST. PETERSBURG, FL 33710	□ Remove
			☐ Change
			Add
			Add Change Change Change Change Remove
			☐ Change

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fan effectiv Note: If th	date, if other than the date is listed, the date must be date inserted in this baseffective date on the I	st be specific ar lock does not	nd cannot be prior meet the applic	able statutory f	r more than 90 da		
	d specifies a delaye th day after the red			t an effectiv	e time, at 12	::01 a.m. or	n the earlier o
Dated MA	Y 15		2015				

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Filing Fee: \$25.00