1500093174

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200315406672

07/09/18--01030--015 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Body FUE JUICE IIC 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:		
Walter CREEN Name of Person		
body fuel vice 1/C.		
5618 Pinnacle Heighs Cir. Apt 111	, n	
TAMDA F1 33624	- 20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	1]
City/State and Zip Code City/State and Zip Code	2 >> 	. •
For further information concerning this matter, please call:).÷	
WATER CREEN a1(813) 278-0651		
Name of Person Area Code Daytime Telephone Number		
Eneloged is a check for the following amount:		
(additional copy is enclosed) Certified	te of Status &	

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

\bigcap 0)F	
Body tuel vice	110	
(Name of the Limited Liability Compa (A Flyrida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1500093174</u> .	were filed on MAy 27, 2015 and assigned	
This amendment is submitted to amend the following:	10	<i>)</i> 1
A. If amending name, enter the new name of the limited liab	bility company here: W1. 11c (Kw	1.
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "L.LC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5618 pinnada Heights Circle-1	<u> </u>
Trincipal office dualities (OCG) 192 71 77 1822 7 72 20 1820 57	13.2	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sb18 pinnacle Heights Circle Apt III TAMPA F1. 33624	<u>;</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		new
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	_
	Florida	
	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 Agent, 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	
			D Add	
			□ Remove	
			☐ Change	
			Remove	
			Change	
			Add	
			Add	
			☐ Change	
			□ ⁵ Add	
			Remove	
			Change	
			☐ Remove	
			☐ Change	
			□ Remove	
			☐ Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if) My NAME is Walter CREEN C. E.O. FUEL JUICE IIC. I WOOLD I. KE to C REINA PADILLA SO NEW C. E.O. OF She is the Acting tree of Body to THE SE ARE THE ONLY Changes IMPLICIAL NEW NAME (W) 1.11C MADE IT DOSSIDE THANK YOU VERY	hange my hange my and Put Tw1. IIC Uplyber IIC Along with Twant
2.7	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605.0207 (3)(b, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:0 (b) The 90th day after the record is filed. Dated Dated Superior of a member of authorized representative of a member Typed or printed name of signee	01 a.m. on the earlier of:

Page 3 of 3

Filing Fee: \$25.00