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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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ALL ALASSEE, FLOWDA

NIGOS 2015 J. HARRIS

COVER LETTER

SII	WE FRESH	I GROUP LLC		
30	DJEC1:	Name of Lim	ited Liability Company	
Th	e enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	•
Ple	ase return all correspo	ndence concerning this matter	to the following:	
		NINOTCHKA HECHT		
			Name of Person	
		JUST HIGH TECH CORP		
			Firm/Company	
		10544 NW 26TH ST. SUI	l'E E- 2 04	
			Address	
		DORAL FL 33172		
			City/State and Zip Code	
		asistentemiami@gmail.com	to be used for future annual report notif	(action)
Fo	r further information c	oncerning this matter, please ca	·	acanon)
Ni	notchka Hecht		786 3800145	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
En	closed is a check for th	ne following amount:		
	\$25.00 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:

TO:

Registration Section
Division of Corporations

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

(<u>Name of the Limited</u> (A	Liability Company as it now appears o Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liab Florida document number L15000114878	ility Company were filed on $\frac{07/02}{1}$	/2015 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of t</u>	ne limited liability company here	:
N/A		
The new name must be distinguishable and contain the wor	ls "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le: N/A	
Principal office address MUST BE A STREET	ADDRESS)	<u>े</u> ं ज
		Aug.
Enter new mailing address, if applicable:	N/A	-3 A
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on or	ur records, enter the name of th
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida	street address
		, Florida

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
MGR	ESTEBAN, ANGEL	9240 FONTAINEBLEAU BLVD. APT# 504	
		MIAMI FL 33172	Remove
			Change
MGR	ANGELA RINCON	9240 FONTAINEBLEAU BLVD. APT. # 504	
		MIAMI FL 33172	Remove
			■ Change
			Add
			□ Remove
			Change
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			П Change

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Filing Fee: \$25.00