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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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ALEMAN SEE FLORIUM

J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Liceberry Deerform	ield LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alexa	nudre Asadzadeh Name of Person	
		Name of Person	
	Juicebe	rry Natural LLC	
		Firm/Company	
	110 S Broom	aphton C+	
		V Audress	
	Boynton	Beach, FL, City/State and Zip Code	33 43 6
		City/State and Zip Code	
	<u> </u>	ry 2012 @ yaho <	, cou
	E-mail address: (i	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
Alexa	ndre Asadzaa	deh at (305) 747 Area Code Daytime	9885
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

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

Juiceberry Dee	rfield LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 0 8/0 7	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
n/a		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	nla	
(Principal office address MUST BE A STREET ADDRESS)		
		动
Enter new mailing address, if applicable:	919	
(Mailing address MAY BE A POST OFFICE BOX)		表 · · · · · · · · · · · · · · · · · · ·
		m m
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our recor	rds, enter the name of the ne
Name of New Registered Agent:	n/9	
New Registered Office Address:		
	Enter Florida street add	ress
		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
MGR	Alexandre Asadzadeh	Address 110 S Broughton Ct Boynton Beach, Fl, 33436	yd _Add
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			Add
			Remove
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Filing Fee: \$25.00