## L16000148876

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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**S Warren** AUG 1 8 2016

## **COVER LETTER**

		orations		
SUBJECT:	JUICY PIE I			
SUBJECT:			ted Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please retur	n all correspon	dence concerning this matter t	o the following:	
		NADEGE ALCE		
			Name of Person	
			,	
			Firm/Company	
		1288 FRIENDSHIP DRIV	E	
			Address	
		IMMOKALEE FL 34143		
			City/State and Zip Code	
		authornadege@gmail.com E-mail address: (t	o be used for future annual report no	otification)
For further	information co	ncerning this matter, please ca	alt:	
NADEGE	ALCE		239 324-3515 at ( _)	
	Name of	Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for the	e 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

JUICY PIE LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{08}{1000}$	3/09/2016 and assigned
Florida document number L16000148876	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	ere:
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	PO CONT.
• •	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	- CS
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address o registered agent and/or the new registered office address here:  Name of New Registered Agent:	n our records, enter the name of the r
New Registered Office Address:  Enter Flo	orida street address
	, Florida Zip Code
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 **Type of Action** <u>Address</u> <u>Title</u> <u>Name</u> MGR : **ELIEZER ALCE** 1288 FRIENDSHIP DRIVE □ Add IMMOKALEE FL 34143 Remove ☐ Change MGR NADEGE ALCE 1288 FREINDSHIP DRIVE **■** Add IMMOKALEE FL 34143 □ Remove \_□ Change \_□ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change \_□ Remove Change

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fective date, if other than the date of fi	08/11/2016 ling:	(optional)
in effective date is listed, the date must be specific ote: If the date inserted in this block does n		n 90 days after filing.) Pursuant to 605.020
cument's effective date on the Department		Temens was sure the not be hard at
record specifies a delayed effective. The 90th day after the record is file		at 12:01 a.m. on the earlier o
The Sour day after the record is the	su.	
ated 8-11-16	$\Omega$	
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Signature (	of a member or authorized representative of a m	CONTROL CONTRO
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	Page 3 of 3	SI 2

Filing Fee: \$25.00