(Requestor's Name)				
(Address)				
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(Document Number)				
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# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: #JUICED UPW	<del> </del>	ed Liability Company	
The enclosed Articles of Amendment a	nd fee(s) are subm	nitted for filing.	
Please return all correspondence concer	ming this matter to	the following:	
	Asi	Ney Beyant	
		Name of Person	
		Firm/Company	
10512	<u>- fairlan</u>		
مشيد		Address	
Jal	KSONVITLE	FL,32218	
Γ: ν.	dd alaan	City/State and Zip Code	
<u>+1 W</u>	E-mail address; (to	be used for future annual report notifi	ication)
For further information concerning this	matter, please cal	1:	
Ashley Bryant		at (904) 586-	··· ·· · · · · · · · · · · · · · · · ·
J Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for the following a	mount:		
	Filing Fee & cate 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

JUICAL UD	Wear UC,	
( <u>Name of the Limite</u>	d Liability Company as it now appears on o A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Lin		4-17 and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:	•	
(Mailing address MAY BE A POST OFFICE )	BOX)	
	<del></del>	7 # F
B. If amending the registered agent and/oregistered agent and/or the new registered of		records, enter the name of the new
Name of New Registered Agent:	Ashley Beyant	
New Registered Office Address:	10512 fairlane dr	
	Enter Florida sti	eet aaaress
	<u>Jacksonville</u>	, Florida <u>3228</u> Zip Code
	Car	LIP COUL

#### 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

AMBR = Authorized Member	and address of each person
Title Name	
	Address
AMBR Ashley Beyant	105/2 Paider 1 Type
	10512 fairlane dr 32217
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D. If amending any other information, enter change(s) here: (Atta	sch additional sheets, if necessary.)
D. It amending any other into matton, enter change(s) acro. [And	and the second of the second o
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P. Effective data if other than the data of filling.	(ontianal)
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.  Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an e	optional): 722  of filing or more than 90 days after filing). Drissasigue 605.020 tuttory filing requirements, this date will not be listed a
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.  Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an etable of the poth day after the record is filed.	optional): 72.  (optional): 72.  of filing or more than 90 days after filing.) Drissusigns 605.022 tuttory filing requirements, this date will not be listed a
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.  Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an e	optional): 72.  (optional): 72.  of filing or more than 90 days after filing.) Drissusigns 605.022 tuttory filing requirements, this date will not be listed a
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.  Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an element of the specifies and the specifies an	(optional)
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.  Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an ed.  (b) The 90th day after the record is filed.	(optional)

Page 3 of 3 Filing Fee: \$25.00