

L17000250634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

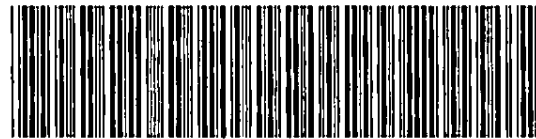
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800307940208

01/23/18--01006--025 \*\*25.00

RECEIVED

JAN 22 2018

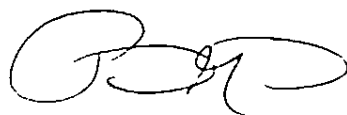
2018 JAN 22 11:28:05

JAN 24 2018  
J. HARRIS

DEAR SECRETARY OF STATE:

1/18/18

PLEASE PROCESS THE ENCLOSED  
ARTICLES OF AMENDMENT FOR  
CLEAN JUICE HOLDINGS, LLC TO  
CHANGE THE ENTITY'S NAME  
PER THE AMENDMENT. PLEASE  
CALL ME AT 321-663-3909 WITH  
ANY QUESTIONS OR IF YOU NEED  
ANYTHING FURTHER TO PROCESS THIS  
REQUEST. I HAVE ENCLOSED CHECK NO.  
1972 FOR \$25.00 TO PROCESS THE AMENDMENT.  
THANK YOU,



PAUL MASCIÀ  
2434 LINKWOOD AVE  
CLERMONT, FL 34711

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CLEAN JUICE HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/7/17 and assigned  
Florida document number L17000250634.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

JUICE HOLDINGS, LLC

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:**

(Principal office address MUST BE A STREET ADDRESS)


**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)


**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JANUARY 18, 2018

BZO

PAUL MASCIA

Typed or printed name of signee

2018 Jun 22  
Fin 2: 5