

U9000012719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

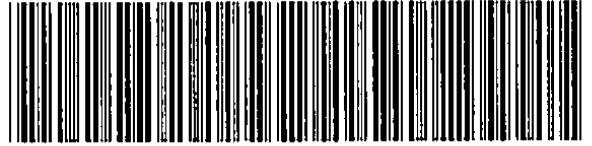
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 AUG -5 P 2 51

FILED

AUG 09 2019

J. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUICE TAP 2 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALAMIROMAR ZEINELABDIN
Name of Person

~~BEES~~ JUICE TAP 2
Firm/Company

7643 GATE PARKWAY UNIT 108
Address

Jacksonville FL 132256
City/State and Zip Code

juice tap jax @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alamiromar Zeinelabdin at (904) 422-2128
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

FILED

Juice TAP 2 LLC

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

2019 AUG -5 P 2:51

The Articles of Organization for this Limited Liability Company were filed on 01/10/2019

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida document number L19000012719

This amendment is submitted to amend the following:

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

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)

7643 Gate Parkway

Unit 108

JACKSONVILLE, FL 32256

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7643 Gate Parkway Unit 108

JACKSONVILLE, FL 32256

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:

Alami Omar Zeinelabdin

New Registered Office Address:

7643 Gate Parkway Unit 108

Enter Florida street address

JACKSONVILLE

City

Florida

32256

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>
AMBR	ALE O MARAR	1465 Old St. Augustine Rd	<input type="checkbox"/> Add
		Unit 104	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32258	<input type="checkbox"/> Change
AMBR	Almir omar Zeinelabdin	7643 Gate Parkway	<input type="checkbox"/> Add
		unit 108	<input type="checkbox"/> Remove
		Jacksonville, FL 32256	<input checked="" 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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Juice TAP 2 LLC will become a
1 owner LLC with Alamiromer Zeinelabidine
as the only owner. Ali o mazar to be remove
from organization.

E. Effective date, if other than the date of filing: August 101/2019 (optional)

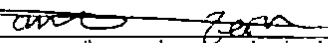
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 101 2019


Signature of a member or authorized representative of a member

Alamiromer Zeinelabidine
Typed or printed name of signee