L190000 47158

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STORE LANCE OF A STATE OF ALL ARRASSEE, CLONIDA

MAR 1 5 2019 S. YOUNG

COVER LETTER

	Registration Section Division of Corporations
	8710 Juices LLC
SUBJEC	Name of Limited Liability Company
Pr.	
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Jodi-Ann GORDON
	Name of Person
	876 Mices
	Firm/Company
	218 SAN REMO BLUD
	Address
	North lauderdale 33068 bdia 876 Jules. com
	City/State and Zip Code
	bdia 876 Junes.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
(Jodi-Ann Gordon ac 954, 864-6521
	Name of Person Area Code Daytime Telephone Number
C	I is a check for the following amount:
_	
pe r \$25.0 2	00 Filing Fee Solution Status

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

Ω_{\bullet} .	
670	Juices LLC
(Name of the Limited Liability	Company as it now appears on our records.) imited Liability Company)
- (A Horida Er	and Liability Company)
The Articles of Organization for this Limited Liability Con	npany were filed on
Florida document number <u>L 1900047158</u>	, 1 1
Torida document namoci	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
<u></u>	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
	, , ,
Enter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET ADDRE.</u>	SS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	27
	• *
	red office address on our records, enter the name of the new
registered agent and/or the new registered office address	ss 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

Title	Name la la la	Address SAAI REMO BLUD	Type of Action
)wner MGR	Pobinson-Gordon	Address 218 SAN REMO BLUD North lauderdale FL.330	68 1 Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
			Add
			🗆 Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change

If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
7-	
_	
_	
_	-
_	
_	
(If an effec Note: If	e date, if other than the date of filing:
he reco The 9	rd specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier of 0th day after the record is filed.
Dated _	March, 2019.
	Signature of a member of authorized representative of a member
	Jadi-Anni Robinson-Gordon

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Filing Fee: \$25.00