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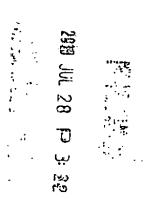
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

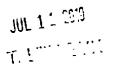
Office Use Only



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## **COVER LETTER**

Division of Co				
727 Smoo SUBJECT:	thies & Cafe, LLC		<del></del>	<u></u>
	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Luis Lenwell			
		Name of Person		
	727 Smoothies & Cafe, LI	LC .		
		Firm/Company		
	33338 US HWY 19 N			
		Address		<del> </del>
	PALM HARBOR, FL 346	83		
	Bayareagrounds@gmail.co	City/State and Zip Code		
	E-mail address: (	to be used for future annual	report notifica	ition)
For further information	concerning this matter, please c	all:		
LUIS LENWELL		727 48 at ( )	1-6750	
Name	of Person	Area Code	Daytime T	elephone Number
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is encoded)		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	LING ADDRESS: tration Section on of Corporations	Registrat	I/COURIER tion Section of Corporation	R ADDRESS:

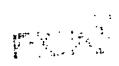
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



727 SMOOTHIES & CAFE, LLC

company has been notified in writing of this change.

(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 I	iability Company were filed or	04/01/2019 and assigned
Florida document number 1.19000089313	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compan	<u>y here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
		<del></del>
B. If amending the registered agent and registered agent and/or the new registered of	~	on our records, enter the name of the
Name of New Registered Agent:	Luis Lenwell	
New Registered Office Address:	33338 US HWY 19 N	
	Enter	Florida street address
	PALM HARBOR	Florida 34683 Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
I hereby accept the appointment as register	ed agent and agree to act in t	his capacity. I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
AMBR	JOHN LAGRECA	33338 US HWY 19 N PALM HARBOR, FL 34683	□ Add
			Remove
	LUIS LENWELL	33338 US HWY 19 N	☐ Change
MGR		PALM HARBOR, FL 34683	■ Add
			Remove
			Change
			Dbb
			□ Remove
			☐ Change
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			Change

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06/25/2019	
E. Effective date, if other than the date of filing:	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea (b) The 90th day after the record is filed.	rlier of:
Dated June 25.12 2019.	
Signature of a member or authorized representative of a member	-
LUIS LENWELL	
Typed or printed name of signee	-

Page 3 of 3

Filing Fee: \$25.00