119000/11/420

(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:





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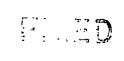
COVER LETTER

TO: Reg Div	distration Sect ision of Corpe	ion crations	•		
	LemonFreshl	y LLC			
SUBJECT:		Name of Limit	ed Liability Company		_
The enclosed	f Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	dence concerning this matter to	o the following:		
		Yonese Guerrier			
			Name of Person		
		LemonFreshly LLC			notification) Setime Telephone Number Setime Telephone Number Certificate of Status & Certified Copy (additional copy is enclosed)
			Firm/Company		 _
		2606 Sandlewood Circle			
			Address		
		Orange Park, FL 32065			
			City/State and Zip Code		
		lemonfreshlylle@gmail.com			
		E-mail address: (1	o be used for future annual re	port notification)	
For further i	nformation co	ncerning this matter, please ca	all:		
Yonese Gu	errier		321 527- at ()	-9642	
	Name of	Person	Area Code	Daytime Telephone	Number
Enclosed is	a check for the	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) C	Certificate of Status & Certified Copy

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



2019 MAY 15 PH 2: 23

LemonFreshly LLC		17 - 5 WE
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited I Florida document number 1.19000111420	Liability Company were filed on April	1 24, 2019 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company here	21
Enter new principal offices address, if appli (Principal office address MUST BE A STRE		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		our records, <u>enter the name of the n</u>
	920 ORIENTA AVENUE APT. A	
New Registered Office Address:		a street address
	ALTAMONTE SPRINGS	Florida 32701
	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

$\mathbf{AMBR} = \lambda$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			
			Remove
			□ Change
			Remove
			Change
			Add
		-	Remove
			□ Change

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lote: If the date inserted	han the date of filing: e date must be specific and cannot be pri in this block does not meet the appl on the Department of State's record	icable statutory filing req	(optional) an 90 days after filing.) Pursuant to uirements, this date will not be	605.020 listed as
e record specifies a The 90th day after	delayed effective date, but r the record is filed.	not an effective time	, at 12:01 a.m. on the ea	irlier o
May 5th	2019 Signature of a member or au	<u>. </u>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00