L19000146071

(Re	questor's Name)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	porations			
SUBJECT:	hythma and	Juice LL		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Name of Person And Suce Firm/Company	<u> </u>	
	9110 An	dura Dr Address		
	Mirama	City/State and Zip Code	<u>-</u>	
	Rhytmand E-mail address: (JUICES @ 9ma; to be used for future annual report notif	ication)	Ø
For further information of	concerning this matter, please co	alf;	-	
Prince	Marshall of Person	at (954) 832- Area Code Daytime		
Enclosed is a check for t	he following amount:		> = 2	فمد
2 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo	
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 6/3/2019Florida document number LI 9000146071 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 "LLC." 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

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 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>	Address	Type of Action
MGR	Prince Marshall	9110 Andora Dr	/DAdd
		Miramar, FL 33075	□Remove
			CChange
AMBR	Prince Marshall	9110 Andora Do	Add
		Huamar FL 33025	□Remove
			□ Change
	7418		□Add
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(If an effe Note: I	e date, if other than the date of filing: (optional stive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this dant's effective date on the Department of State's records.	A 1 p	uant to 605,0207 (2 not be listed as th
the record ford is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90tl	h day after the
Dated_	Survey 2001.		
	Signature of a member or authorized representative of a member Thinge Marsham Typed or printed name of signee		