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TO: Registration Section

Tallahassee, FL 32314

	ach Smoothie, LEC Name of Lim	itea Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	•	
		are the control target	
	R. Kevin Korey		
		Name of Person	
	Robert Kit Korey, PA		
		Firm/Company	
	595 W. Granada Blvd., Ste	e. A	
		Address	
	Ormond Beach, FL 32174		
		City/State and Zip Code	
	kevin@koreyławpa.com	to be used for future annual report no	Court on Section 1
En-front of influence in a	e-man address; oncerning this matter, please ca		meation)
	oncerning this matter, please ca		
R. Kevin Korey	A	386 677-3431 at () Area Code Daytir	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
	_	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration So Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ormond Beach Smoothie, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records. ed Liability Company))
he Articles of Organization for this Limited Liability Compa	my were filed on 10/10/2019	and assigned
lorida document number L19000255328		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li		
ne new name must be distinguishable and contain the words "Limited Li		202
ne new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	
nter new principal offices address, if applicable:		- E E
rincipal office address MUST BE A STREET ADDRESS)		
		R D
		. •
nter new mailing address, if applicable:		<u></u>
failing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered offic	ce address on our records, <u>enter t</u>	he name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
_ 	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ahmed M. Eldeeb	432 Nottinghill Street	
		Ormond Beach, FL 32174	■Remove
AMBR	Tamer Eldeeb	57 Foxeroft Run	
		Ormond Beach, FL 32174	207 Remove
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Filing Fee: \$25.00