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(Requestor's Name)
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(City/State/Zip/Phone #)
(Only/Otale/Zip/) Notice #7
PICK-UP WAIT MAIL
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COVER LETTER

		ation Sec n of Corp	ction porations	··					
			NSE LLC						
SUBJEC	Cf:		Name of Lim	ited Liability Company					
The encl	osed Ar	ticles of a	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all:	correspo	idence concerning this matter	to the following:					
			YANMARY REYES ESPINOSA						
				Name of Person					
			FRESH SENSE LLC						
Firm/Company									
1621 SHERWOOD ST									
				Address					
	CLEARWATER, FL 33755								
				City/State and Zip Code					
			YAMARY17@GMAIL.CO	DM to be used for future annual report no	atilication)				
For furth	er infor	mation co	oncerning this matter, please c		Amediani				
YANMA	ARY RI	EVES ES	PINOSA	786 357-3116 at()					
Name of Person			Person	Area Code Dayti	me Telephone Number				
Enclosed	l is a che	eck for th	e following amount:						
■ \$25.	00 Filin	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
		Address ration S		Street Address: Registration S	ection				
Registration Section Division of Corporations			orporations	Division of Co	Division of Corporations				
		lox 632° assee F	7 L 32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRESH SENSE LLC (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 Liability Company were filed on $\frac{01/21/2020}{1}$ Florida document number _____1.20000026361 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: YANMARY REYES ESPINOSA Name of New Registered Agent: 1621 SHERWOOD ST New Registered Office Address: Enter Florida street address __, Florida 33755 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.

City

CLEARWATER

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
MS	YENIA GARCIA	1621 SHERWOOD ST CLEARWATER FL 33755	□Add
			■Remove
MGR	YANMARY REYES ESPINOSA	1621 SHERWOOD ST CLEARWATER FL 33755	≡ Add
			Remove
			Change
			□Add
			□Remove
			□ Change
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ffective date, if other than the an effective date is listed, the date metote: If the date inserted in this bocument's effective date on the f	ist be specific and can lock does not meet	the applicable	ne of filing or more t statutory filing re	(option: han 90 days after fili quirements, this da	ng.) Pursuant to 605.0207
record specifies a delayed effecti I is filed.	ve date, but not an	effective time,	at 12:01 a.m. on th	he earlier of: (b)	The 90th day after the
	7	2020 			
ated	·	·			
lated	Signature of a men		d representative of a	member	

Filing Fee: \$25.00