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COVER LETTER

Division of Col			
SUBJECT:/	So Play	V JUICE LL C ited Liability Company	·
	Name of Lini	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tangela	LOCK DOX + Name of Person	
	_ So_ Raw	JUICE LLC Firm/Company	
	2260 NW	103 rd St.	
	Miami, FL	33147 City/State and Zip Code	
	tangela 10ck h	ortannail. (om	(fication)
For further information of	concerning this matter, please ca	all:	
Tangela Name o	Ockhart f Person	at (<u>30.5</u>) <u>923 -</u> Area Code Daytin	3148 ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing 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

Mailing Address:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	Juice LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on climited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 07]	0712020 and assigned	
Florida document number <u>L2000193413</u>	· · ·		
			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designa	stion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D 16	~~		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	is, enter the name of the new register	
Name of New Registered Agent:			
Nov. Donistand Office Address.	•		
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent as	nd agree to act in this capa	city. I further agree to comply with th	
provisions of all statutes relative to the proper and con			

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 212 A 17 P. 3:24	Type of Action
AMBR	Lockhart Tangela	2260 NW 103rd St	□Add
	,	Miami FL 33147	PRemove
			□Change
AP_	Luckhart, Tungela	2260 NW 103rd St	□ Add
		Miami FL 33147	Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member

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