

L20000228935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

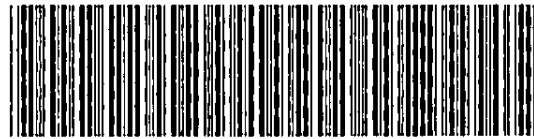
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

10/11/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Juice by Quentin LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Quentin Wilson Jr
Name of Person

Q Juice
Firm/Company

3375 NW 1st Court #431
Address

Pompano Beach/Florida 33069
City/State and Zip Code

Juice by Q @ gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Quentin Wilson Jr at (407) 748-7096
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Twice by Quentin 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 July 31st, 2020 and assigned Florida document number L20000228935.

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)

3375 NW 1st Court #431
Pompano Beach, Florida 33069

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

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Quentin Wilson Jr	3375 NW 15 th Court H431	<input type="checkbox"/> Add
		Pompano Beach, FL 33064	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
COO	Jorian D Jolley	1561 S Federal Hwy	<input type="checkbox"/> Add
		Pompano Beach, FL 33435	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AVP	Andrea Jones	3870 Grand pine way Apt 204	<input type="checkbox"/> Add
		Casselberry, FL 32707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AVP	Quenteria R Wilson	390 South Ave Apt 321	<input type="checkbox"/> Add
		Rochester, NY 14626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA

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ADVERSE EFFECTS

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.

Dated August 20th 2020

James T. Murray
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Quentin T Wilson

Typed or printed name of signee

Filing Fee: \$25.00