

L21000003612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

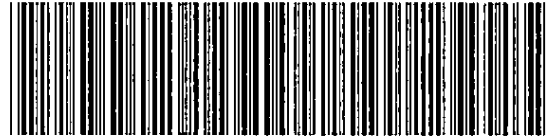
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FILED
2024 JUL -1 AM 9:07
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

RECEIVED
2024 JUN 28 PM 3:51
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 ^{\$}25.00

AUTHORIZATION SIGNATURE: Jan Fule

Juicys LLC L21000003612

BUSINESS (Name)

Document #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified copies of:

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☐ LLP

INC

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL ()

Country

AMMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JUICEYS 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:

SATERIA HAWK

Name of Person

Firm/Company

5902 US HWY 17 92 W

Address

HAINES CITY FL 33844

City/State and Zip Code

JUICEYSHEALTHYLIVING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SATERIA HAWK

863

594-7452

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 32304-6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
1000 N. G St.
Tallahassee, FL 32304



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: HERBOSS COMPANIES
Ref. Number: W24000097699

We have received your document for HERBOSS COMPANIES and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 124A00014342

RECEIVED

2024 JUL - 1 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2024 JUL -1 AM 9: 07

JUICEYS LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

DADE COUNTY STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/23/2020 and assigned
Florida document number 1.21000003612.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HERBOSS COMPANIES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2796 Recker HWY WINTER HAVEN, FL 33880

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

2796 Recker HWY WINTER HAVEN, FL 33880

(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

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.

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NOTHING IS CHANGING BESIDES THE NAME.

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

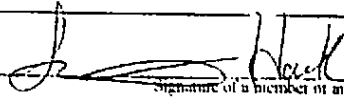
E. Effective date, if other than the date of filing: _____ (optional)

(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

Dated 06/28/2024


Signature of a member or authorized representative of a member

SATERIA HAWK

Typed or printed name of signer

Filing Fee: \$25.00