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(Req	questor's Name)	_
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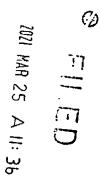
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COVER LETTER

	egistration Sec ivision of Corp					
SUD ITAT	FLAVOR N	ATURAL JUICE & SALAD	CAFE LLC			
SOBJECT	·	Name of Lim	ited Liability Company			
The enclose	ed Articles of A	mendment and fee(s) are sub	are submitted for filing. matter to the following: SON Name of Person Firm/Company RE DR Address 025 City/State and Zip Code nail.com dress: (to be used for future annual report notification) lease call: at (
Please retu	rn all correspon	dence concerning this matter	to the following:			
		JENNIFER A WATSON				
			Name of Person			
		Firm/Company				
		8626 W LONG ACRE DR				
		MIRAMAR, FL 33025	Address			
		flavornatural444@gmail.co	•			
		-		tification)		
For further	information cor	ocerning this matter, please c	all:			
JENNIFER	RA WATSON					
	Name of I	Person	Area Code Daytii	ne Telephone Number		
Enclosed is	a check for the	following amount:				
☐ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
Re D P.	ailing Address: egistration Scivision of Co O. Box 6327 allahassee, FI	ection rporations	Registration So Division of Co The Centre of 2415 N. Monro	ection Street Suite 810 25 L 32303		
				A		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLAVOR NATURAL JUICE & SAL				
(Name of the Limited (A	Liability Company Florida Limited Liab	as it now appears on oility Company)	our records.)	
The Articles of Organization for this Limited Liab Horida document number L21000067016		ere filed on <u>FEBUI</u>	RARY 8,2021	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabilit	y company here:		
he new name must be distinguishable and contain the word	ds "Limited Liability	Company." the design	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
Principal office address MUST BE A STREET.	ADDRESS)		<u> </u>	
	_			
Inter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO	- 989			, <u>, </u>
Maning address MATT BEATTON OF THE BY				
 If amending the registered agent and/or reg gent and/or the new registered office address l 		lress on our recor	ds, <u>enter the nam</u>	e of the new register
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida s	treet address	
			, Florida	Zip Code
		City		Zip Code
iew Registered Agent's Signature, if changing Registered of the appointment as registered of rovisions of all statutes relative to the proper accept the obligations of my position as registed eing filed to merely reflect a change in the registed.	agent and agree . and complete pe vred agent as pro gistered office aa	rformance of my wided for in Chap	duties, and Lam f ver 605, F.S. Or,	amīfiar with and if lifi s document is
ompany has been notified in writing of this ch	amge.			A III

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>	Name	Address	Type of Action
MGR	JENNIFER A WATSON	8626 W LONG ACRE DR	■Add
		MIRAMAR FL 33025	□Remove
MGR	JACQUELINE WATSON	8626 W LONG ACRE DR	🗆 Add
		MIRAMAR FL 33025	■Remove
MGR	ELAINE WATSON	8626 W LONG ACRE DR	[]Add
		MIRAMAR FL 33025	≣Remove
		<u> </u>	□Change
			🖸 Add
			□Remove
			□Change
			Beginove T
			Remove
			□Change

D. If am	nding any other information, enter change(s) here: tAttach additional sheets, if necess	ary.)		
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Note:	ve date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill fithe date inserted in this block does not meet the applicable statutory filing requirements, this deem's effective date on the Department of State's records.	a l) ing.) Pur ate will	suant to 605 not be list	5,0207 (3)(b) ed as the
If the recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) ed.	The 90a	h day afte	r the
Dated	March 21 . 2021.		2021 MAF	<u> </u>

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee

JENNIFER A WATSON