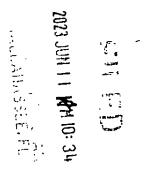
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S. FRANKLIN JUNEAN 2003

COVER LETTER

Division of Corp	orations					
	YKTV JI	JICE LAB LLC				
SUBJECT:						
	Name of Limi	ited Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.				
	dence concerning this matter					
·		PATRICK JEAN				
		Name of Person				
	Firm/Company					
		18774 CLOUD LAKE CIF	2			
	Address					
	ВО	CA RATON / FLORIDA 3	3496			
	PA [*]	City/State and Zip Code PATRICK.JEAN06@GMAIL.COM				
	E-mail address: (to be used for future annual re	port notification)			
For further information co	ncerning this matter, please ca	all:				
PATRICK JEAN		561	788-6506			
Name of	Person	at () Area Code	Daytime Telepho	one Number		
Enclosed is a check for the	e following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address	<u>i</u>	Street Add	dress:			

TO:

Registration Section

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

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

YKTV JUICE LA	B LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	<mark>r as it now appears</mark> ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w	Articles of Organization for this Limited Liability Company were filed on		and assigned
Florida document number			
This amendment is submitted to amend the following:	•		
A. If amending name, enter the new name of the limited liabili	ty company hei	<u>re</u> :	
YOU KNOW THE VIBES JUIC	E LAB LLC		
he new name must be distinguishable and contain the words "Limited Liability	y Company," the de	signation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·	
Principal office address MUST BE A STREET ADDRESS)			2021
			圣
Inter new mailing address, if applicable:			5
Mailing address MAY BE A POST OFFICE BOX)			
Adding data ess MITT DE TITO OF STATE IN THE			- 125 ω
			<u> </u>
 If amending the registered agent and/or registered office ad gent and/or the new registered office address here: 	ldress on our re	cords, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		Florida	
	City	,	Zıp 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.

TO MATCH	I MY IRS RECOR	D.	 -				
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effective date i	f other than the a slisted, the date must inserted in this blo tive date on the De	be specific and ock does not me	cannot be prior eet the applica		more than 90 days		
cord specifies s filed.	a delayed effective	: date, but not a	an effective ti	me, at 12:01 a.m	. on the earlier o	of: (b) The 90th	n day after the
ed		·	<i>A</i>				
		, i	atrica	_1ea	ve of a member		
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Elling Com 635 O

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
		.	□ Add
			□Remove
			□Add
			□ Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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