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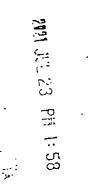
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TWOITH Natural Juice LCC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sharatina P. Worthy
Tworthy Natural Juice LLC Firm/Company
13104 Early Run Lane
Riverview, Fl 33578 City/State and Zip Code
E-mail address: (to boused for future annual report notification)
For further information concerning this matter, please call:
Sharating P. Worthy at (813) 334-7654 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address: X Registration Section

P.O. Box 6327

Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida L.	Company as it now appears on our records.) Limited Liability Company)	IC
The Articles of Organization for this Limited Liability Cor Florida document number <u>L21000 2802</u>	mpany were filed on <u>6-16-21</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite Worth Wellnes The new name must be distinguishable and contain the words "Limite"	5 UC	<u>∼3</u> eviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	:SS)	ప
		P:
Enter new mailing address, if applicable:		1:58
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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 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

Title	<u>Name</u>	Address	Type of Action
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n effective date is listed, the date mo te: If the date inserted in this be cument's effective date on the I	lock does not meet the a	pplicable statutory :	or more than 90 days afte Tling requirements, thi	r filing.) Pursuant to 605.026 s date will not be listed a
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ecord specifies a delayed effecti is filed.	ve date, but not an effect	ive time, at 12:01 a	m, on the earlier of: (b) The 90th day after th
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- U Shu	Signature of a member or	authorized representa	utty	<u></u>
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