h21000319856

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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2021 AUG 27 PM 7: 53

8/108/201/A

COVER LETTER

	ration Section n of Corporations			
SUBJECT:	Dropping	Juelz,	LC - DOC	# L21000319856
	• • •	Name of Lim	ited Liability Company	
The enclosed Ar	ticles of Amendment	and fee(s) are sub	mitted for filing.	
Please return all	correspondence conc	erning this matter	to the following:	
		ulicing	Palacios Name of Person	
	Dri	opping.	JUEIZ, UC Firm/Company	
	<u> </u>	81 SW	142nd Ave	. 4 35
			FL 331 City/State and Zip Code	
	<u> </u>	E-mail address: (1	ing a yahoo o be used for future annual	report notification)
For further infor	mation concerning thi	s matter, please ca	alt:	
<u>Eri k</u>	A PAICIC Name of Person	10	at (<u>305</u>) <u>8</u> Area Code	1946 - 6869 Daytime Telephone Number
Enclosed is a cho	eck for the following a	amount:		
\$25.00 Filing		Filing Fee & Teatus	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &
` · · · · · · · · · · · · · · · · · · ·	Address: ration Section		Street Ac Registra	ddress: ation Section
Divisio	on of Corporations	3	Division	n of Corporations
	ox 6327 assee, FL 32314			ntre of Tallahassee . Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Dropping Juelz	· LLC	2021 AUG 27 PM 7-33
(Name of the Limited Liability (A Florida L	Company as it now appears of imited Liability Company)	TALLAHASSEL FL
The Articles of Organization for this Limited Liability Cor	mpany were filed on	1 13 2021 and assigned
Florida document number <u>L 21000319856</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here	:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the desi	gnation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u>-</u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	ords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	Ciţi	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of	uplete performance of my nt as provided for in Cha	duties, and I am familiar with and opter 605, F.S. Or, if this document is

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>	Address	Type of Action
MGR	Juliana Palacios	8881 S.W. 142 nd Avenue #3	<u>≤</u> M⁄∧dd
		Miami, FL 33184	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
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'an cff l <mark>ote:</mark>	ve date, if other than the date of filing: 07 13 2021 (optional) ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recore Lis fil	d 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 ed.
	9/24/2021
ated .	
ated .	
ated	Signature of a member or authorized representative of a member