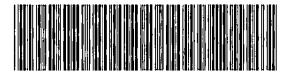
## 

(Red	questor's Name)	
(Add	fress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
	G 177	
Certified Copies	Certificates	of Status
		<del></del>
Special Instructions to F	iling Officer:	





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## **COVER LETTER**

TO:

TO: Registration S Division of Co				
RAW JUIC	CE & SMOOTHIE BAR LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	SHWAGKS JEAN			
	<del></del>	Name of Person		
	RAW JUICE & SMOOTH	IE BAR LLC		
	<del> </del>	Firm/Company	•	
	16499 NE 19TH AVE			
		Address		
	NORTH MIAMI			
		City/State and Zip Code	<del> </del>	
	BEACH	to be used for future annual report no	est and the same	
For further information	concerning this matter, please co	·	encauon)	
SHWAGKS JEAN		954 5942107 at ()		
Name	of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for	the following amount:			
<b>■ \$25</b> ,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 Addre Registration		Street Address: Registration So	ection	
Registration Section Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 63 Tallahassee,		The Centre of		
i alialiassee,	エレコムシモサ	Z4 I J. IN. IVIOND	oe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAW JUICE & SMOOTHIE BAR LLC

company has been notified in writing of this change.

(Å F	Jability Company as it now appears on our records.) Torida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number 1.21000326653	lity Company were filed on 07/19/2021	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the		
Natural Smoothie Bar LLC		
	s "Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or regis	stered office address on our records, <u>enter the nan</u> <u>ere</u> :	ne of the new register
		r:
Name of New Registered Agent:		
		1/4
New Registered Office Address:		- `
New Registered Office Address:	Enter Florida street address	<u> </u>
New Registered Office Address:	, Florida	. =
New Registered Office Address:		Zip Cods

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
		Change	
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
		□Remove	
			☐ Change
	<del></del>		
			□ Remove
			\ \ \ \ \ \
			□Add
			□Remove
			□Change

Note:	tive date, if other than the date of filing:  (optional)  Rective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord 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 filed.
Dated	l
	$(2n \cdot 411 \cdot 621)$
	Signature of a member or authorized representative of a member

Filing Fee: \$25 0