

121000383165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

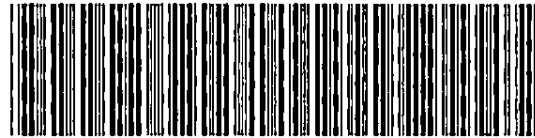
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000375369010

10/22/21--01007--003 \$25.00

21 NOV 19 PM 2:43

T. MATTHEWS

NOV 12 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 2, 2021

LYNN DANIEL
P.O. BOX 16345
CLEARWATER, FL 33766

SUBJECT: ORGANIK2GO JUICE BAR CUISINE LLC
Ref. Number: L21000383165

We have received your document for ORGANIK2GO JUICE BAR CUISINE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IN ORDER TO REMOVE SOMEONE FROM OUR RECORDS, THE TITLE ON THE AMENDMENT FORM MUST MATCH THE TITLE CURRENTLY SHOWN IN OUR RECORDS. PLEASE RETURN YOUR DOCUMENT WITH THE PROPER TITLE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 421A00026607

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORGANIK2GO JUICE BAR CUISINE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYNN DANIEL

Name of Person

ORGANIK2GO JUICE BAR CUISINE LLC

Firm/Company

P.O. BOX 16345

Address

CLEARWATER FL 33766

City/State and Zip Code

dragonjane1814@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNN DANIEL

954

638-3555

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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 Address:

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

Street Address:

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**

21 NOV 10 PM 2:43

ORGANIK2GO JUICE BAR CUISINE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/01/2021 and assigned
Florida document number 121000383165.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11926 SEMINOLE BLVD

LARGO, FL

33778

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 16345

CLEARWATER, FL

33766

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

LYNN DANIEL

New Registered Office Address:

11083 NW 46 DRIVE

Enter Florida street address

CORAL SPRINGS

Florida 33076

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 Changing Registered Agent, Signature of New Registered Agent

21 NOV 10 PM 2:43

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

(If an effective 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)(b)

If the record 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 record is filed.

Lynn Daniel
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00