L21000383566

| (Requestor's Name) | |
|---|----------------------------------|
| (Address) | 700372043627 |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | U8 /31/21U1U23UU4 **25.00 |
| (Business Entity Name) | |
| (Document Number) | AUG 20.1 |
| Certified Copies Certificates of Status | 2021 |
| Special Instructions to Filing Officer: | 2021 SEF 27 |
| Operial instructions to 1 lining officer. | 7 PH |
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Office Use Only

SEP 28 2021 I ALBRITTON

COVER LETTER

| ection orporations | | |
|--|---|--|
| uicy Life LLC | | |
| Name of Lim | ited Liability Company | |
| f Amendment and fee(s) are sub | omitted for filing. | |
| | | |
| Elena M. Ramos | | |
| | Name of Person | |
| A Juicy Life LLC | | |
| | Firm/Company | |
| 4341 Seven Canyons Driv | e | |
| | Address | |
| Kissimmee, FL 34746 | | |
| | City/State and Zip Code | |
| ajuicyfullife@gmail.com | | |
| E-mail address: (| to be used for future annual report noti | fication) |
| concerning this matter, please c | all: | |
| | 954 224-8481 | |
| of Person | | e Telephone Number |
| the following amount: | | |
| ☐ \$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 |
| <u>ess:</u> Section | Street Address: Registration Se | ction |
| Corporations | Division of Cor | rporations |
| | | Fallahassee e Street, Suite 810 |
| | Name of Lim Name of Lim Fame of Lim A mendment and fee(s) are subsondence concerning this matter Elena M. Ramos A Juicy Life LLC 4341 Seven Canyons Driv Kissimmee, FL 34746 ajuicyfullife@gmail.com E-mail address: (concerning this matter, please concerning this matter, please concerning the following amount: \$30.00 Filing Fee & Certificate of Status | Interporations Interporations |

Tallahassee, FL 32303



September 13, 2021

ELENA M. RAMOS 4341 SEVEN CANYONS DRIVE KISSIMMEE, FL 34746

SUBJECT: A JUICY LIFE Ref. Number: L21000383566

We have received your document for A JUICY LIFE and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You failed to sign the form and the name does not appear to be changing.

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.

Letter Number: 921A00022042

Irene Albritton
Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A Juicy Life LLC | | |
|---|--|--------------------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on August 26, 2021 | and assigned |
| Florida document number L21000383566 | <u> -</u> - | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| The new name must be distinguishable and contain the words "Limit | ted 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 ADDR) | ESS) | |
| | | 202 |
| | | (CED) |
| Enter new mailing address, if applicable: | | 2 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Mauling address MAT BE A FOST OFFICE BOX) | | |
| | | . U |
| B. If amending the registered agent and/or registered | office address on our records, enter the m | 5 |
| agent and/or the new registered office address here: | orite address on our records, enter the ac- | and of the new registers |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---|----------------|
| AMBR | Elena Ramos | 4341 Seven Canyons Drive, Kissimmee, FL 34736 | = Add |
| | | | □ Remove |
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| Elau Rumo | | August 27 | | 2021 | | | | |
| Signature of a member or authorized representative of a member | ated | | | _ · | ' | | | |
| A CONTRACTOR OF THE CONTRACTOR | ated _ | | San | W Du | | | | |