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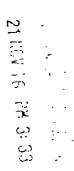
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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T. MATTHEWS DEC - 2 2021

COVER LETTER

TO: Registration Division of C			
Tropical	Juicery		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corres	pondence concerning this matter to	o the following:	
	Stacey-Ann Taylor & Antoi	ne Walker	
		Name of Person	
	Tropical Juicery		
		Firm/Company	
	2865 SW 12th Ave		
		Address	
	Miramar Fl 33027		
		City/State and Zip Code	
	tropicaljuicery1@gmail.com	be used for future annual report notifi	cation)
Car familiar in formation			cationy
	i concerning this matter, please cal		
Stacey-Ann Taylor		954 648-6490 at ()	
Name	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r 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
<u>Mailing Add</u> Registration		Street Address: Registration Sec	tion

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF 21 NOV 16 PM 3: 53

(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 September 30, 2021 and assign and assign document number <u>L21000429192</u> .	ned
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.1	C."
nter new principal offices address, if applicable:	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	_
3. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> gent and/or the new registered office address here:	regist
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida, 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.

City

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

	KOY	15	PĦ	3	33
21	MO.	1 -			

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Antoine Walker	2865 SW 126th Ave Miramar Florida 33027	≣ Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		·	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Ađd
		***************************************	□Remove
			□Change

amending any other informat	on, enter change(s) here: (Attach	additional sheets, if necessary) 2. 33.
amending any other mormat	on, once change(s) acree paneer	additional sheets, if necessary.) 3: 33
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ffective date if other than the	late of filing:	(optional)
an effective date is listed, the date must	be specific and cannot be prior to date of fill	ing or more than 90 days after filing.) Pursuant to 605,0207
ocument's effective date on the De	ex does not meet the applicable statuto partment of State's records.	ry filing requirements, this date will not be listed as
	date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day after the
l is filed.		
November 11	2021	
ated November 11	· /··	
	Slaylor	
-	Signature of a member of authorized repres	entative of a member
Stacey-Ann Taylor & Ar	`	
	WILL WAIRLE	

Filing Fee: \$25.00