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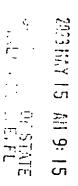
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#### COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

### Division of Corporations The Organic Juice Box L.L.C. SUBJECT: \_ 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: Rachel F. Kessler Name of Person The Organic Juice Box L.L.C. Firm/Company 1340 Lamplighter Dr. N.W. Address Palm Bay/Florida/32907 City/State and Zip Code Rachelkessler8892@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rachel F. Kessler 321 432-2779 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55,00 Filing Fee & **5** \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Organic Juice Box L.L.C.					
( <u>Name of the Limi</u> t	ted Liability Compa (A Florida Limited	nny as it now appears on our records. Liability Company)	,)		
The Articles of Organization for this Limited L. Florida document number	iability Company	were filed on		and ass	igned
This amendment is submitted to amend the foll	owing:				
A. If amending name, <u>enter the new name o</u>	f the limited liah	ility company here:			
The new name must be distinguishable and contain the v	1.01 () 41 ()	Prince and the second of the s	a 11 '		1 (1"
Enter new principal offices address, if applic	1340 Lamplighter Dr. N.W.	or the apprevi	ation "1	1,.С.	
(Principal office address MUST BE A STREE	Palm Bay, Florida		22		
principal office address records 1.151 REE1 reportsoy		32907	· ·	<u> </u>	et!
		·		7	:
Enter new mailing address, if applicable:		1340 Lamplighter Dr. N.W.		ഗ	
(Mailing address MAY BE A POST OFFICE BOX)		Palm Bay, Florida	- 1 11 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200	
	32907	<u> </u>	<del>-</del>	*-*	
			m	വ	
B. If amending the registered agent and/or in agent and/or the new registered office addre	~	address on our records, <u>enter t</u>	he name of	the nev	<u>v registe</u>
Name of New Registered Agent:	Rachel F. Kess	ler			
New Registered Office Address:	1340 Lampligh	nter Dr. N.W.			
new neglitered Office Address.		Enter Florida street address			
	Palm Bay	, Florida <sup>329()7</sup>			
	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.

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>	<u>Address</u>	Type of Action
Title MGR	Justin T. Kessler	153 Cavalier St.	
<del></del>		Palm Bay, FL	□Add
			Remove
		32909	
Title MGR	Dylan A. Puccio	1340 Lamplighter Dr. N.W.	□Change
MGR	DePacus	1540 Lampingmer 171. 18. W.	<b>=</b> Add
• • • • • • • • • • • • • • • • • • • •		Palm Bay.FL	
			□Remove
		32907	□Change
AMBR	Lisa M. Kyle Lisa M. Kyle	153 Cavalier st.	
registered	Linnyll		□Add
agent	$\mathcal{G}$	Palm Bay, FL	<b>=</b> p
		32909	Remove
			□Change
1422	Rachel F Kessler	1340 Lamplighter Dr. N.W.	
AMBR Prustered	Rachel F. Kessler	Palm Bay, FL	<b>D</b> Add
Registered Agent		33907	□Remove
J			
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			□ Add
			□Remove
			□Change

	nding any other information, enter change(s) here: Attach add				
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E. Effectiv	ve date, if other than the date of filing:	(optic	nal)		* 020* .30
are are	ective date is listed, the date must be specific and cannot be prior to date of filing of		nung.) Pursu		
(If an effe <u>Note:</u> I	If the date inserted in this block does not meet the applicable statutory fent's effective date on the Department of State's records.	Iling requirements, this		or de lis	ica as me
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