## 123000414896

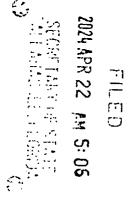
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## COVERLETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Jos antojito			
Sobshet.			nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please returi	all correspo	ondence concerning this matter	to the following:	
		Johanna D Jaquez Hernado	zv.	
			Name of Person	<del></del>
			Firm/Company	
		2020 Thrace st		
		Tampa/F1 33605	Address	
		johannacj26@gmail.com	City/State and Zip Code	<del> </del>
		. 55	to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please c	all:	
Johanna D Ja	iquez Herna	dez	813 278-0163	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>≡</b> \$25.00 F	iling 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)
Reg Div P.C	iling Addres gistration S vision of C D. Box 632 lahassee, F	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810

## TO

ARTICLES OF ORGANIZATION OF

Jos Antojitos LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L23000414896		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Sweet Squeeze Citrus LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		53
	:	<b>024</b>
		024 APR
Enter new mailing address, if applicable:	;	FIL. 8 22
(Mailing address MAY BE A POST OFFICE BOX)	- :	
		<u></u> <u>vi</u>
	<u> </u>	06
B. If amending the registered agent and/or registered office a	address on our records, enter the na	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
Name Degree and Agent's Cianatura if about in Degree and Agent		

## 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 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

g(-',	w manager circle the	true, name, and address	or cach person	Dung a
or removed from our records:				

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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	04/23/2024
'an eff <mark>Note:</mark>	ive date, if other than the date of filing:
recor d is fil	d 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 decident of the earlier of the
ated	Thamail Japure
	Signature of a momber or authorized representative of a member
	$\mathcal{N}$