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2020 JAN -6 ANTH: 40

C. GOLDEN FEB - 6 2020

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
	Firm, PLLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	MacKinley Justin			
		Name of Person		
	Justin Law Firm, PLLC			
		Firm/Company	<u> </u>	
	1111 Oakfield Dr. #115D			
		Address		
	Brandon, FL 33511			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	mack@sjattys.com			
		to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please co	all:		
Mack Justin		305 457-2969 at ()		
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration S Division of C		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



Justin Law Firm, PLLC

2020 JAN -6 AH 11: 41

any as it now appears on o Liability Company)	our records.)	
y were filed on August	and assigned	
•		
bility company here:		
ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
1111 Oakfield Drive.	#115D	
Brandon, FL 33511		
P.O. BOX 1384		
address on our record	is, enter the name of the new reg	
New Registered Office Address: 1111 Oakfield Drive #115D		
enter r torida str		
City		
City	, Florida 33511 Zip Co	
	pility company here: ility Company," the designation of the designati	

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 Title **Address** Type of Action Name ____ _ □Add _____ □Remove _____ Change ______ 🗆 🗀 Add _____ Remove ______ □Add _____ Remove _____ Change

______ Remove

_____ Change

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fan effe Note:	ye date, if other than the date of filing: (optional) ctive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records.
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 d.
	anuary 2 2020
ated	· ·
ated [Mack Ustr
ated [Signature of a member or authorized representative of a member

Filing Fee: \$25.00