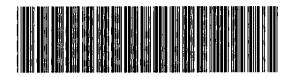
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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
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11 DEC 19 PM 3: 44
SECNETARY OF STATE

KEALY EXAMINER DEC 20 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tust Show Up, LLC 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:
Heather Bailey Name of Person
Just Show Up, LLC Firm/Company)
10471 NW 1th Court
Plantation, FL 33322
Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather Bailey at (954), 699-3190 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Gadditional copy is enclosed} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	AKTICLE	O Or	OIL	MILLATIO
		•	OF	
Just	Showl	lo		LLC

FILED
11 DEC 19 PM 3: 44
SECREMARY OF STATE
ALLAHASSEE PLONDA:

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) billity Company)
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed on 5-23-2005 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and end with the words "Limited "L.L.C."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address

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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u></u>		Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
<u>-</u>			_
Dated C	lec. 16, ,	201	_
Dated 70	Signature of a member	are or authorized representative of a member	
	Heather Bai	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00