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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	Just Saying.			
30242017		Name of Lim	ited Liability Company	
The enclosed	i Articles of A	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
		Michael McPhillips		
			Name of Person	
		Just Saying, LLC		
			Firm/Company	
		1575 Worley Ave		
		<u> </u>	Address	
		Merritt Island, FL 32952		
			City/State and Zip Code	
		bam78@aol.com		
For further is	eformation as	B-mail address: (Incerning this matter, please ca	to be used for future annual report no	tification)
r or rurther in	mormation co	meerining this matter, picase ea	311.	
Beth Mayne	s		321 591-5675 at ()	
	Name of	Person		me Telephone Number
Enclosed is a	a check for the	c following amount:		
■ \$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)

MAILING ADDRESS:

TO:

Registration Section

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 OF

Just Saying, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability 6 Florida document number L05000097495	Company were filed on October 4, 2005	and assigned
Florida document number 2000000000000000000000000000000000000	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Just Saying Construction, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviation="L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u> </u>	. 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regi		er the name of the new
registered agent and/or the new registered office add	lress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

	Authorized Member		T) 6 1 4
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
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tive date, if other than the fective date is listed, the date must. If the date inserted in this blonent's effective date on the De	t be specific and cannot be prior to sek does not meet the applicab	date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 6 ments, this date will not be 1
cord specifies a delayed e 90th day after the reco		an effective time, at	12:01 a.m. on the ea
February 15	, 2017	_·	
	Signature of a membry or authori		

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Typed or printed name of signee

Filing Fee: \$25.00