# 107000060296

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Just Increase 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:
Andrea 2. Anthony Name of Person
Changing Tides CPA LLC Firm/Company  101 Marketside Ave Suite 404 #99  Address
Ponte Vedra, FL 3208/ City/State and Zip Code  two and rea @ gmail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrea Anthony at (904) 367-0854  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & 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 OF

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Just Incre	ase LLC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 40700060296	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  Changing Tides  The new name must be distinguishable and contain the words "Limited Liabileters".	ity 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)	101 Marketside Ave Suite 404 Box 99 Ponte Vedra, FL 32081
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	101 Marketside Ave Suite 404 Box 99 Ponte Vedra, FL 32081
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:  New Registered Office Address:    101 mg	rea L. Anthony  Narketside ave Suite 404 #99  Enter Florida street address  Vedra, Florida 32081  City Zip Code
New Registered Agent's Signature, if changing Registered Agent;	
hereby accept the appointment as registered agent and agree	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume being filed to merely reflect a change in the registered office address, I hereby confirm that the limited libiting

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:

	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR.	Andrea L. Anthony	101 Marketside Ave Suite 404 #99 Ponte Vedra FL 320	
	,	Suite 404 #199	□ Remove
		Ponte Vedra, FL 320	8/ Change
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			Change Change

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ctive date, if other than the date of filing: (option	nai)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after.  If the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 6
ment's effective date on the Department of State's records.	date will not be in
ecord specifies a delayed effective date, but not an effective time, at 12:01 a	.m. on the ear
e 90th day after the record is filed.	
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Signature of a member or authorized representative of a member	18 HAR I
d March 12, 2018.  Signature of a member or authorized representative of a member	<u> </u>
	18 MAR 16 AM 1

Filing Fee: \$25.00