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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 31 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Just Between Us, 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:

Bernadette Costanzo
(Name of Person)

(Firm/Company)

6790 North Pine Island Road
(Address)

Tamarac, Florida 33321
(City/State and Zip Code)

For further information concerning this matter, please call:

Bernadette Costanzo at 934 865-7781
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

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

08 30-
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Just Between Us, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 16, 2008 and assigned
Florida document number 207000085925

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

same { Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

6790 North Pine Island Road
Tamarac, Florida 33321

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

2010 North East 17th Street
Apt #6
Ft. Lauderdale, FL 33305

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

same { Name of New Registered Agent:

New Registered Office Address:

Bernadette Costanzo

6790 North Pine Island Road
(Enter Florida street address)

Tamarac, Florida 33321
(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 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.

(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 = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Bernadette Costanzo	6790 North Pine Island Road Tamarac, Florida 33321	<input type="checkbox"/> Add <input type="checkbox"/> Remove

MGRM	Linda Figueroa	2010 North East 17th Street Apt #6 Ft. Lauderdale, FL 33305	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____

Bernadette Costanzo
Signature of a member or authorized representative of a member
Bernadette Costanzo
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 30 AM 10:59

FILED