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(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
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D. BRUCE NOV 19 2010 EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	Just Betw	veen Friends LLC		
5020E1.		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	spondence concerning this matte	r to the following:		
		Heather Lineberger		
	·	Name of Person		
		Firm'Company		
	5	813 Deer Tracks Trail		
		Address		
		Lakeland, FL 33811		TI NON OF
		City/State and Zip Code		25.5
	E-mail address:	nj_1235@yahoo.com to be used for future annual report to	otification)	
For further informatio	n concerning this matter, please o			TO SEASO
He	ather Lineberger	at (863)	640-1504	
Nam	e of Person	Area Code & Day	time Telephone Number	
Enclosed is a check fo	or the following amount:			
▼ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo-	sed) Certified (of Status &
Reg	ILING ADDRESS: istration Section iston of Corporations	STREET/COU Registration Sec Division of Con		
P.O.	Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive	!	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Just Between F	riends of Lakelan	d LLC	
(<u>Name of the Limited Liability</u> (A Florida Li	mited Liability Company)	15 on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	09/15/2010	and assigned
Florida document numberL1000096618	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company ber	<u>re</u> :	
	onal Consignments L		
The new name must be distinguishable and end with the word $^{\circ}L.L.C.^{\circ}$	s "Limited Liability Compa	any," the designation "	'LLC" or the abbreviation
Enter new principal offices address, if applicable:			6 7
(Principal office address MUST BE A STREET ADDRI	<u> </u>		
		·	CO CO Paris
			THE PO
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		Florida	7. 0.1
	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 = Ma $MGRM = A$	mager Janaging Member	,	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<u> </u>		D. D. Sansky
			
			□ n
· · · ·	<u></u>		Remove
D. If amen	ding any other information	on, enter change(s) here: (Attach additional shee	is, if necessary.)
			10 NOV 18
Dated No	v /6	. 2010 .	TO STATE OF THE ST
	Hlash	ture of member or authorized representative of a men	mber
		Heather Lineberger	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00