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M. MILLIGAN AUG 28 2018

COVER LETTER

TO: • Registration Section

Division of Co	orporations		
JUSTUS2	. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
m			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	ANNE PAUL		
		Name of Person	
	GALBRAITH, PLLC		
		Firm/Company	
	9045 STRADA STELL CO	OURT, #106	
		Address	
	NAPLES, FL. 34109		
		City/State and Zip Code	
	APAUL@GALBRAITH.L.		
	E-mail address: (to be used for future annual report notif	lication)
For further information	concerning this matter, please ca	all:	
ANNE PAUL		239 325-2298 at ()	
Name	of Person	at () Area Code Daytime	e 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 is enclosed)
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUSTUS2, 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 11/29/2011 _____ and assigned Florida document number 1.11000134250 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: REFLECTIVE IMAGES, LLC The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Remove
		.	Change
			Add
			□ Remove
			Change
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(If an e	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	.0207 (3)
(If an e Note:	tive date, if other than the date of filing:) Pursuant to 605	.0207 (3) ed as the
(If an e Note:	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date) Pursuant to 605	.0207 (3) ed as the
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