

11/18/2014 08:09

Alron Inc.

(FAX) 3217238218

P. 001/004

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SHANE M. SMITH, P.A.
Account Number : I201400000004
Phone : (321) 724-1919
Fax Number : (321) 723-8218

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JUST BUMINIT, LLC**

Certificate of Status	0
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Page Count	01
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FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

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NOV 19 2014
J. BRUCE

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

JUST BUMMINIT, 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 6/13/2012

Florida document number L12000078781

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

955 82nd Avenue
Vero Beach, FL 32966

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

955 82nd Avenue
Vero Beach, FL 32966

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:

PAUL FAFEITA

New Registered Office Address:

955 82ND AVENUE

Enter Florida street address

VERO BEACH

City

, Florida 32966

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.

Paul Fafeita
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KARRIE DOZER	8768 104TH AVENUE	<input type="checkbox"/> Add
		VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

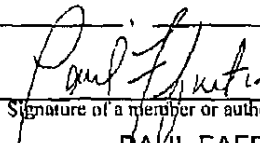
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 11/18/2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/18/14



Signature of a member or authorized representative of a member

RAUL FAFEITA

Typed or printed name of signer

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Filing Fee: \$25.00

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FLORIDA

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