## 1300005310

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration S  Division of Co			•
JustJess, L SUBJECT:			
Subsect.		Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted	ed for filing.	
Please return all correspondent	ondence concerning this matter to the	ne following:	
	Lisa Motlow		
		Name of Person	
	JustJess, LLC		
		Firm/Company	
	402 Havenwood Way		
		Address	·····
	Valrico, FL 33594		
		ity/State and Zip Code	•
	Motlowcrew@aol.com	used for future annual report not	:C
For further information of	concerning this matter, please call:	s used for future annual report not	meanony
Tamecia C. Motlow		813 9241057 at ( )	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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)

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

JustJess, LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L13000005310	were filed on 01/10/2013	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	402 Havenwood Way			
(Principal office address MUST BE A STREET ADDRESS)	Valrico, FL 33594			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	402 Havenwood Way	7 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	Valrico, FL 33594	£0 9		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:		SSET the flame at the flew		
New Registered Office Address:	Enter Florida street address			
	, Florida _ 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 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>	<u>Address</u>	Type of Action
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		Valico, FL 33594	□ Remove
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			☐ Change
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Typed or printed name of signee

Filing Fee: \$25.00