## L13000116157

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(Business Entity Name)	
(Document Number)	
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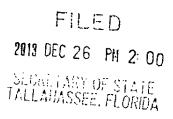
## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JUSTIN WILL'S 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:	
Tustin valillis	
Tustin Willis Name of Person	
Justin Willis LLC	
i sing Company	
3475 OID EDWARDS Rd	
Address	
Ft. Pierre FL 34981	
Ft. Pierre FL 34981  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Justin VIII.5 at 772, 577 - 6912  Name of Person Area Code & Daytime Telephone Number	
Alea Code & Daytine Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	d)

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



(Name of the Limited Liabil	lity Company as it now appears on la Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L1300011161577</u>	y Company were filed on Qualic	14 16, 2013 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	gistered office address on our address here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida 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 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 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

HGR	Justin Willis	3475 OID EDWARDS ROL	Add Add
		Fl. Pierce Fl 34981	Remove
			Add
			Remove
			-
			Add
			Remove
			Add
			Remove
			Add
			Remove
	•		Add
			Remove

If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
und Dece	mber 23, 2013.
aicu <u>Beee</u>	lati Del Mis
<del></del>	Signature of a member or authorized representative of a member
	Justin Willis
	Typed or printed name of signce
	Page 3 of 3

Filing Fee: \$25.00

FILED. 2: 00 MI 2: 00