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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Jus Box, 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:
Name apperson  Clo Weintraub ? Weintraub, P.A.  Firm/Company
2700 N. Military Trail, Suite 355
Address  Box A RAton FL 33431  City/State and Zip Code  To Murray 4/1 @ gmi/. com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  305 - 525 - 4993  Peter Weintraub, Escape at (561) 983 - 6411  Name of Person  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certificate of Status \$\Bigcup \\$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

The Jus Bo	x CCC.	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L/3/00/3/471</u> .	a 1. 1	and assigned
This amendment is submitted to amend the following:		72.0
A. If amending name, enter the new name of the limited liabi	ility company here:	11.00
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "E.L.C."
Enter new principal offices address, if applicable:		7
(Principal office address MUST BE A STREET ADDRESS)		ယ္
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Clo Wintraus + Weinte 2700 N. Military Trail BOLA RATON FL 33	1, Suite 355
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		MIANY, FL 33129	Remove
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			Remove

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