<u>L17000140275</u>

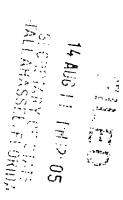
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COVER LETTER

TO:	Registration Section
	Division of Corporation

Just Shake It 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:

Patrice Stewart
Name of Person
Firm/Company
31 Grier Dr.
Address
Bella Vista, AR 72715
City/State and Zip Code
pl.stewart@cox.net
F-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrice Stewart

.,479、381-1070

Name of Person

Area Code

Daytime 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)

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

Just Shake It 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 October 4, 2013 Florida document number L13000140279	and ass	signed
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	e abbreviation "I	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, <u>enteregistered agent and/or the new registered office address here:</u>	r the name	of the n
Name of New Registered Agent:	, , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:	#XX 5	. 1mm
Enter Florida street address . Florida	many many	jeoksas, Lipidas Lipidas
, Florida _		ار _{د "}
New Registered Agent's Signature if changing Registered Agent	2 S	

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 = Manager

AMBR = Authorized Member <u>Title</u> Address Type of Action **Name Patrice Stewart** 31 Grier Dr. **MGRM** ☐ Add Bella Vista, AR 72715 **■** Remove ☐ Remove ☐ Add □ Remove □ Add <u> ಶ</u>್ರದ Remove □ Add ☐ Remove

fective date must be specific, cannot be prior to date of receipt or filed date and c	(optional) cannot be more than 90 days after
fective date must be specific, cannot be prior to date of receipt or filed date and cate this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
ctive date, if other than the date of filing: ffective date must be specific, cannot be prior to date of receipt or filed date and coate this document is filed by the Florida Department of State) d August Signature of a member or authorized represe	annot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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