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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Just Blow It, LLC				
Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspond	dence concerning this matter	to the following:		
Erika Gomez				
		Name of Person		
Just Blow It, LLC				
		Firm/Company		
	9189 Shepto	on Street		
		Address		
	Orlando, FL	32825		
	orilea@icrothlassite	City/State and Zip Code		
erika@justblowitorlando.com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Erika Gomez 407, 259-8369				
Name of F		ai ()	Telephone Number	
Enclosed is a check for the	_			
□ \$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 Taliahassee, 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 Blow It, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000028604</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>vility company here</u> :	
The new name must be distinguishable and end with the words "Limited Liab	pility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12789 Waterford Lakes Park	way, Unit 11
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32828	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Orlando, FL 32828  ffice address on our records, ente	r the name of the new
Name of New Registered Agent:		14.
New Registered Office Address:		5 5 5 Part -
	Enter Florida street address , Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	<u> </u>
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. O	familiar with and r, if this document is

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> MGR	Name Erika Gomez	Address 12789 Waterford Lakes Parkway, Uni	Type of Action
		Orlando, FL 32828	■ Add
			□ Add
			□ Remove
<del></del>		<u> </u>	
			□ Remove
			Add  Remove
			S C Remove
<del></del>			□ Add
			Remove

D. If amending any other information, enter change(s) h	ere: (Attach additional sheets, if necessary.)
Add EIN# 46-4940565	
-	
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt of the date this document is filed by the Florida Department of State)	r filed date and cannot be more than 90 days after
Dated August 7 , 2014	
(A)	thorized representative of a member
Catherine Tona	infortized representative of a member
	nted name of signee

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Filing Fee: \$25.00

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