114000136304

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates of Status		
Special Instructions to	Filing Officer:		

Office Use Only



300275847023

08/10/15--01008--012 **25.00

15 AUG 10 PH 12: 05

AUG 1 0 2015 Y SULKEP

COVER LETTER

TO: Registration Section **Division of Corporations** RESOURCES LEGAL SUPPORT LLC SUBJECT: 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: NINOTCHKA HECHT Name of Person JUST HIGH TECH CORP Firm/Company 8122 NW 108TH PL Address **DORAL FL 33178** City/State and Zip Code asistentemiami@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NINOTCHKA HECHT Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company)	rus.)	
were filed on	and assigned	
oility company here:		
lity Company," the designation "LL	C" or the abbreviation "L.L.C."	
10544 NW 26TH ST. SUITE E-204		
MIAMI FL 33172		
10544 NW 26TH ST. SUITE MIAMI FL 33172	E E-2014	
ffice address on our recore	ds, enter the name of the new	
	STATE OF	
Enter Florida street addr	ess	
	F lorida Zip Code	
	ility company here: lity Company," the designation "LI 10544 NW 26TH ST. SUITE MIAMI FL 33172 10544 NW 26TH ST. SUITE MIAMI FL 33172 ffice address on our recore: Enter Florida street addr	

New Registered Agent's Signature, if changing Registered Agent:

DECOMPCES LEGAL SUBDODITION

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>	Address	Type of Action
		N/A	
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Add
			> T Proper
			SS Change
	·		ASSER FLORIDA
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

	ending any other information, enter change(s) here: Anach additional sheets at necessary is NA		
			
•		The state of the s	
-		<u></u>	15
		- 	AUG
			=
		ma ma	~
		<u> </u>	PH 12:
ffect	ve date, if other than the date of filing: 08.01.2015 (optional)	SE	
Note:	ective date is listed, the date must be specific and cannot be provito date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will	suant to 605:02 not be listed a	07 (29 6) is the
locum	ent's effective date on the Department of State's records		
e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the earlier	of:
The	90th day after the record is filed.		
ated _	AUGUST .01 2015 A		
ateu _	ALL VOID		
	m your .		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00