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(Re	questor's Name)	
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K.SALY EXAMINER MAR 30

COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJ	ECT:	JUST MOU Name of Limi	eitnow ted Liability Company	
The en	closed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please	return all corresponde	nce concerning this matter t	to the following:	
		\mathcal{B}_{tie}	Name of Person	
			JUST-MOURIT	
		1137-	tallowed Afrag	
			City/State and Zip Code	
	-	Justmou E-mail address: (i	eitucle gmail.	Comication)
For fu	rther information conc	erning this matter, please ca	dl:	
	Brian Gre Name of Pe	rson	at (407) 516 [7] Area Code Daytime	73) Telephone Number
Enclos	sed is a check for the fe	ollowing amount:		
52 \$2	5.00 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

ARTI	CLES OF ORGANIZATI	on ε_{L}
	OF	ON FILED 2016 MAR 28 FM 2: 47
	,	2016 MAR 20
$\frac{305+v}{2}$	DOUE IT NOW	FM 2:15
(Name of the Limite	ログビョナハびい d Liability Company as it now appears of A Florida Limited Liability Company)	in our records of LARASSON OF S
The Articles of Organization for this Limited Lia		75 C Fr 17 12
Florida document number <u>L15000195</u>	Self	and assigned
Florida document number	<u>3 v.r.</u> .	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here	::
,		•
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter your raincipal offices address if applica	bla.	
Enter new principal offices address, if applica		
(Principal office address MUST BE A STREET	<u>ADDRESSI</u>	
		
_		
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE B</u>	<u> </u>	
D If amounting the majetaned around and/o		was accordenged to the manner of the man
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	a street address
	2,707 2 707 700	
	City	, Florida 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

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If an effective Note: If the	date is listed, the da e date inserted in t	n the date of filing: te must be specific and ca his block does not me the Department of Sta	annot be prior to da et the applicable	te of filing or more than 9 statutory filing require	(optional) 0 days after filing.) Pursments, this date will	uant to 605.0207 (not be listed as t
		ayed effective da record is filed.	te, but not ar	effective time, at	12:01 a.m. on t	he earlier of:
Dated			_			
		2 D	·	representative of a mem		
	/ //					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00