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COVER LETTER

TO: Registration Se Division of Cor			
Just Move	It Now LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian Green		
		Name of Person	
	Just Move It Now LLC		
	2335 Pesaro Cir	Firm/Company	
		Address	·
	Ocoee, FL 34761		
	Justmovcitllc1@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
	concerning this matter, please ca		
Brian Green		407 516-1732	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for t	he 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)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears (on our records.)	
(Name of the Limited Liability Compa (A Florida Limited I	iability Company)	711 VW 1000 VVI	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12/09	n/2015 au	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desi	gnation "LLC" or the abbreviat	***
Enter new principal offices address, if applicable:		- <u> </u>	F July
(Principal office address MUST BE A STREET ADDRESS)		- 1 · - 1 ·	
		55. 55.	22
		C. C. D. C. C. C. C. C. C. C. C. C. C. C	ik ,
Enter new mailing address, if applicable:		7.07	<u>ω</u> <u>υ</u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our rec	ords, <u>enter the name of th</u>	ie new registere
Name of New Registered Agent:			
New Registered Office Address:			···
	Enter Florida	a street address	
		Florida	Code
New Designation of Accessive Circumstance if the accion Designated Accessive	City	Zıp	Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete			• •

company has been notified in writing of this change.

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

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ezra C. Green	2335 Pesaro Cir Ococe, FL 34761	
	_		□Remove
		 -	□Change
			□Add
			□Remove
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ective date, if other than	the date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in thi	s block does not meet the applicable st	atutory filing requirements, this date will not be listed
cument's effective date on the	e Department of State's records.	
cord specifies a delayed effe	ctive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after
s filed.	<u>.</u>	- · · · · · · · · · · · · · · · · · · ·
June 18	2021	
ted	<u> </u>	
No.	Me	representative of a member
H		