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COVER LETTER

TO: Registration Se Division of Cor				•
Junk It Plus	s LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Ackeem Edwards			
		Name of Person		-
	Junk It Plus			
		Firm/Company		
	3003 Pennington rd			
		Address		
	Orlando FL 32804			- 3
	Ackeem@junkitplus.com	City/State and Zip Code		ALCE AND SECTION OF THE PARTY O
	= ;	to be used for future annual report not	ification)	三等 墓
For further information c	oncerning this matter, please c	all:		
Elby Edwards		407 807-0421)
Name o	f Person	Area Code Daytim	e Telephone Number	
				,
Enclosed is a check for th			— • • • • • • • • • • • • • • • • • • •	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 8	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Junk It Plus LLC					
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)				
The Articles of Organization for this Limited Liability Compar	ny were filed on 01/05/2016	and assigned			
Florida document number L16000001984					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ability company here:				
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbrevia	stion "L.L.C."			
Enter new principal offices address, if applicable:	3003 Pennington Rd Orlando FL 32804				
Principal office address MUST BE A STREET ADDRESS					
Enter new mailing address, if applicable:	3003 Pennington Rd Orlando FL 32804	262			
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>				
	;-	<i>)</i> (5)			
. If amending the registered agent and/or registered office	e address on our records, enter the name of	the new registe			
gent and/or the new registered office address here:		Γ <u>.</u>			
Manage CNI and Basing and A		<u></u>			
Name of New Registered Agent:	-				
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City Zi	n 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

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
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			Remove
			☐ Change
			□Remove
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04/17/2023	Ĝγ
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record specifies a delayed effective date, but not an effective time, at 12:01 is filed.	a.m. on the earlier of: (b) The 90th day after t
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Signature of a member or authorized represen	

Filing Fee: \$25.00