## <u>U60093617</u>

(Requestor's Name) (Address) (Address)	000336594000	
(City/State/Zip/Phone #)		3554000 06011 ++60.00
Certificates of Status         Special Instructions to Filing Officer:    Office Use Only	NOV 0 4 2019 S. YOUNG	19 HOV -1, MH-17 19 NOV -4 MH2: 23

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Registration Section Division of Corporations		

JUST MIND YOUR BUSINESS LLC

SUBJECT:

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TO:

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:

LINDER, OPHELIA

Name of Person

JUST MIND YOUR BUSINESS LLC

Firm/Company

20390 NW 36TH CT

Address

MIAMI GARDEN, FL 33056

City/State and Zip Code

OPHELIA.LINDER10@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDER, OPHELIA

Name of Person

326-8207 786 at (

Daytime Telephone Number Area Code

Enclosed is a check for the following amount:

<b>\$</b> 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/COURIER ADDRESS:

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

• ARTICLES O	F AMENDMENT TO
ARTICLES OF	ORGANIZATION
	OF 6
	ipany as it now appears on our records.)
JUST MIND YOUR BUSINESS LLC	
( <u>Name of the Limited Liability Con</u> (A Florida Limit	upany as it now appears on our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L16000193617</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited li</u> The new name must be distinguishable and contain the words "Limited Li	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX</u> ) B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> ere:
Name of New Registered Agent: 1.INDER. O	PHELIA

New Registered Office Address:	20390 NW 36TH CT		
<u> </u>	Enter Florida street address		
	MIAMI GARDENS	, Florida <sup>33056</sup>	
	City	Zio 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.

Upture Purder 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

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Title	Name	Address	Type of Action
MGR	JOSHUA MACK	20390 NW 36TH CT MIAMI GARDENS, FL 33056	🗆 Add
			Remove
			Change
			🗆 Add
			Remove
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

NOVEMBER 3RD 2019 ľQ Signature of a member or authorized representative of a member LINDER, OPHELIA Typed or printed name of signee

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Filing Fee: \$25.00