## L16000205220

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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
	OLIVE & B	ASSIL EVENTS, LLC				
SUBJE	CT:	Nume at Limi	ted Liability Company			
		Name (4) Land	te training company			
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		Meli	issa Diaz & Samantha S. Di	az		
			Name of Person	1		
			Just Begin Media, LLC			
			Firm/Company	<del></del>		
			4666 SW Dactyl St			
			Address			
			Port Saint Lucie, FL 34953			
			City/State and Zip Code melly@justbeginmag.com			
		E-mail address: (	to be used for future annual rep	ort notification)		
For furt	ther information c	oncerning this matter, please co	aII:			
	Meliss	, -	786	375-1586		
			at () Area Code	Daytime Telephone Number		
	Name o	f Person	Area Code	Daytime Telephone Number		
Enclose	ed is a check for th	he following amount:				
□ S2.	5,00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Add Registrat	<u>ress:</u> Ion Section		
Registration Section Division of Corporations			of Corporations			
	P.O. Box 632	27	The Cent	re of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLIVE & BASSIL EVENTS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 11/08/2016 The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ and assigned L16000205220 Florida document number \_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JUST BEGIN MEDIA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4666 SW Dactyl St. Port Saint Lucie, FL 34953 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: MELISSA DIAZ Name of New Registered Agent: 4666 SW Dactyl St. New Registered Office Address: Enter Florida street address , Florida <u>34953</u> Port Saint Lucie

## 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>	Name	Address	Type of Action
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			C.C.

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