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## **COVER LETTER**

TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: JUSTINTIME, COM, LLC  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:
Jimmy Lewter Name of Person
JUSTINTIME. COM, LLC Firm/Company
P.O. BOX 291627 Address
Fort Orange FL 32129  City/State and Zip Code  jimny   ew ter@outlook.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jimmy Lewter at (615) 542-1007 FB TO Area Code Daytime Telephone Number TELEPHONE Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  \$55.00 Filing Fee &  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee &  Certified Copy (additional copy is enclosed)
MAILING ADDRESS:  Registration Section  Registration Section  Division of Corporations  Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUSTINTIME.C	on, LLC
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L16000 213095</u>	mpany were filed on <u>Nov 21, 2016</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited TUSTINTIME 4 U, LL	_
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same
(Principal office address MUST BE A STREET ADDRE	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
B. If amending the registered agent and/or registered agent and/or the new registered office address.  Name of New Registered Agent:  New Registered Office Address:	SECRETARIAN SECRET
	Enter Florida street address , Florida
Navy Designand Agentla Signature if shanging Buildeand	City Zap 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, <u>Signature of New Registered Agent</u>

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
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effective date is listed, the	this block does not mee	et the applicable statutory	filing requirements, this	s date will not be listed
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Filing Fee: \$25.00