L16000215167

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2019 FEB 22 PH 6: 37

C. GOLDEN FEB 2 7 2019

COVER LETTER

TO: Registration Security Division of Corp.			
SUBJECT:	JUST BUE	FRBB, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Picase return all correspo	ndence concerning this matter	to the following:	
,	Penny	WAIKER	
	JUST B	Name of Person VFRLL LLC	
	171315	Firm/Company ARIZ ZOOD	
	FORT MYERS	33917	
	TUSTOCH FRU E-mail address (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	(cation)
For further information co	oncerning this matter, please ca	nll:	
Penny Wa	IKLE	a,239_,443	- UZTA Telephone Number
Name of	1 Cladii	Area code Daytine	тегерионе гчинцест
Enclosed is a check for th	e 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)

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 OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 FEB 22 PM 6: 37 Liability Company as it now appears on our records.) Florida Limited Liability Company) (Name of the Limited The Articles of Organization for this Limited Liability Company were filed on Florida document number L16000215160 + This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

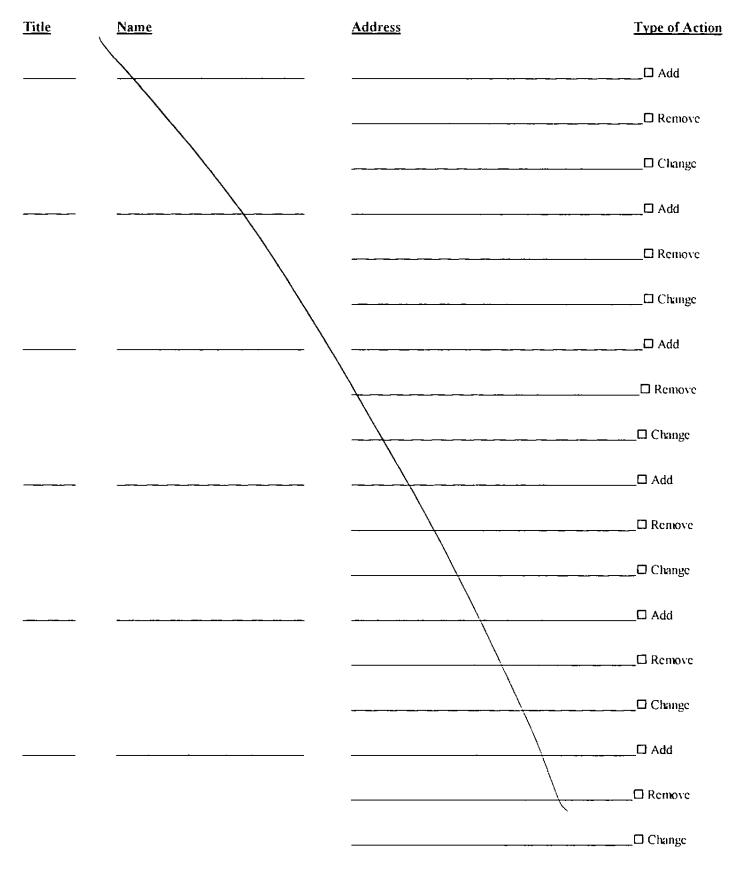
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

City

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



(11 an e Not e	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1 TERRILARY 19 2019
	Signature of a member or authorized representative of a member
	Signature of a incinoer of authorized representative of a member
	-Y DV (Y) - \\\ / / \\ \\) \

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Filing Fee: \$25.00