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S Warren

FEB 1 0 2017

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: JUS	+ Chill F Name of Limite	roductions d Liability Company	
The enclosed Articles of Am	endment and fee(s) are submi	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Nichola	S Echevarri	<u>a</u>
	Just	Chill Product	ions
		Firm/Company	
	355 NO	E 80th Terrace Address	Apt 146
	Miami, F	City/State and Zip Code S+Chill Productions. be used for future annual report notifications.	
		City/State and Zip Code	
-	E-mail address: (to	be used for future annual report notifice	Co Mation)
For further information conc	erning this matter, please call		
Nicholas	Echevarria	at (305) 775 Area Code Daytime T	2019
Name of Pe	rson	Area Code Daytime T	elephone Number
Enclosed is a check for the f	ollowing 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

JUST	Chill Producti	
(Name of the Limited I	Liability Company as it now appears of Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabi	ility Company were filed on	/31/17 and assigned
Florida document number	<u></u> .	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here	:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
_		, Florida Zip Code
	City	Zip 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

Page 1 of 3

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MERM	Nicholas Schevaria	355 NE 80th Terrice 1 Migmi, FL 33138	Art 146 K Add
		Migmi, FL 33138	□ Remove
			□ Change
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			☐ Change
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☐ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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ffective	date, if other than the date of filing: (optional)	
an effect lote: If	we 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 605.00 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.	
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 0th day after the record is filed.	er of
ated	February 5th 2017	
	Mum	
	Signature of a member or dethorized representative of a member Nicholas Echevaria Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00