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COVER LETTER

	tration Section ion of Corporations		
SUBJECT: _	Mostly Justiff	d Liability Company	
The enclosed A	Articles of Amendment and fee(s) are submi	tted for filing.	
Please return a	Il correspondence concerning this matter to	the following:	
	Morganet	Britcher Name of Person	
	Mostry	Justified LLC Firm/Company	
	27069 12	oper Rd.	TILLIANKS SELL FLORIDO
	Brooksville	Eity/State and Zip Code	
	E-mail address: (to)	cher O amail co	nication)
For further info	ormation concerning this matter, please call:		
_Mas	Garet Britcher Sname of Person	at (352) 807- Area Code Daytime	e Telephone Number
Enclosed is a c	heck for the following amount:		
Ç \$25.00 Fili	ing Fee \$\Bigcup \$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:

 $\boldsymbol{q}_{i,j} = \boldsymbol{q}_{i,j}$

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

JUN 2 6 20...

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companion (A Florida Limited L.	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on 2 20 201 and assigned
Florida document number <u>L 170000 42847</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C.".
Enter new principal offices address, if applicable:	27069 Roper Rd.
(Principal office address MUST BE A STREET ADDRESS)	Brooksville FL 34102
	\$ m
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	7
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	<u>s</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

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

Title	Name	Address	Type of Action
MGN	Travis L. Britcher	270109 Roper Rd. Brooksville Fl 34(00)	A Add
Vice President		Brooksville FL 34602	Remove
			Change
			Remove
			Change
			三 Add N
		TALLAHASSEL T	Add Action Actio
		ORIDA	Change
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more: If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.	re than 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not an effective tine 90th day after the record is filed.	
ed April 29 , 2019 . Signature of a member or authorized representative of a member of authorized representative of Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00