117000064381

| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
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| el:Dire | Just Smarty | LLC | • | |
| SUBJEC | CT: | | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | unitted for filing. | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | |
| | | Alexey Bogomolov | | |
| | | Just Smarty LLC | Name of Person | |
| | | 64 Cornwall Dr | Firm/Company | |
| | | Ponte Vedra, FL 32081 | Address | |
| | | aibogomolov@gmil.com | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For furth | er information c | oncerning this matter, please co | all: | |
| Alexey I | Bogomolov | | 703 915-3657 at () | |
| , | Name o | f Person | | Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| ■ \$25.0 | 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 SMARTY LLC

| JUST SMARTT LLC | | | |
|---|---|-----------------------|--------------------|
| (A Florida | ty Company as it now appears on o a Limited Liability Company) | ur records.) | |
| The Articles of Organization for this Limited Liability C Florida document number L17000064381 | Company were filed on 03/21/20 | 17 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the designa | tion "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis registered agent and/or the new registered office add | | records, enter t | the name of the n |
| Name of New Registered Agent: | | . | |
| New Registered Office Address: | Enter Florida str | eet address | |
| | | , Florida | |
| New Registered Agent's Signature, if changing Registered | City: | | Zip Code |
| | | | |
| I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and or | | | |

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> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|--------------------------------|----------------|
| MGR | Olga Turutina | | |
| , | | 64 Comwall Dr. Ponte Vedra, FL | - |
| | | 32081 | ■ Remove |
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| ote: If the | e date inser | er than the date l, the date must be steed in this block of ate on the Depart | ioes not me | ect the appli | cable statutor | g or more than 9 y filing require | (optional) 0 days after filing.) ments, this date v | Pursuant to 605.0207 will not be listed as |
| | | a delayed eff er the record | | ate, but no | ot an effect | ive time, at | 12:01 a.m. c | n the earlier of |
| ated | μα | ich 4th | | 2019 | · | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00