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(Requestor's Name)	
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COVER LETTER

то:	Registration S Division of Co						
OUD ID		And Explore, LLC					
SUBJE	UI:	Name of Lim	ited Liability Company	<u> </u>	_		
The enc	losed Articles of	f Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all corresp	ondence concerning this matter	to the following:				
		Kevine McMillan					
			Name of Person		_		
					SECH	2021	empro)
			Firm/Company		¥ : 1		
		924 N Magnolia Avenue, S	Suite 202		- (5)- (- (5)- (JUL 29 PM 2:07	
		 ,	Address			PK	Ö
		Orlando, FL 32803			- EF	2: 0	
		Hello@ProFessWorkLive.c	City/State and Zip Code		_ m	7	
		-	to be used for future annual report notif	ication)	_		
For furt	her information	concerning this matter, please c	all:				
Kevine	McMillan		407 461-3643				
	Name	of Person		: Telephone Numb	per	_	
Enclose	d is a check for t	the following amount:					
☐ \$ 25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Focate of S ed Copy nal copy is	Status &	
	Mailing Addre Registration Division of O P.O. Box 63. Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite	810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Just Travel And Explore, LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited)	inv as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company were filed on 06-23-2017				
lorida document number L17000137269	·			
his amendment is submitted to amend the follo	owing:			
a. If amending name, enter the new name of	the limited liab	ility company here:		
McMillan's On the Go, LLC			ve 22	
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "I	LLC" or the abbreviation "L.L.C."	
Inter new principal offices address, if application	able:	924 N Magnolia Avenue		
Principal office address MUST BE A STREE	T ADDRESS)	Suite 202	29	
		Orlando, FL 32803	S P M	
			STI	
inter new mailing address, if applicable:		924 N Magnolia Avenue	O7	
Mailing address MAY BE A PQST OFFICE	BOX)	Suite 202		
		Orlando, FL 32803		
If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent:	s here:	address on our records, <u>en</u>	ter the name of the new regist	
New Registered Office Address:	924 N Magnoli	drass		
	Enter Florida street address Orlando		Florida ³²⁸⁰³	
		Cin [·]	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 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>	Name	Address	Type of Action
			Remove
			☐ Change
			<u>ഗ</u> _Badd
			SECRETARY OR AFRICA
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			□Remove
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