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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)
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(Do	ocument Number)	
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OIVISION OF CORFORDING

N COOPER JUN 2 9 2018

COVER LETTER

TO: Registration Sect Division of Corpo				
سر سا SUBJECT:	Just The Ti	PLLC ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Peter	R Cobbe Name of Person		
	Just +	to tip LLC Firm/Company		
	20064 NW	71.54 Ave		
	Starke FL	3209 [City/State and Zip Code 812 D gmail to be used for future annual re		
	E-mail address: (1	to be used for future annual re	eport notification)	
For further information cor	ncerning this matter, please ca	all:		
feter Cobbe Name of 1	Person	at (<u>&50</u>) Area Code	3\9 95 Daytime Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclo	Certifical Certifical Certified	te of Status &

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 The Tip	ampany as it now appears on our records)
(A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{10/13/2017}{}$ and assigned
Florida document number	
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 "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRES:	<u>sy</u>
	ග දිනිස ගේරු
Enter new mailing address, if applicable:	-
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	#7 5r
registered agent and/or the new registered office address	ed office address on our records, <u>enter the name of the nesthere</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	, Florida
New Registered Agent's Signature, if changing Registered Ag	vent.

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Robert F Taylor	252 SW Cherryhill Rd	Z F∧dd
	'	Bit Saint Lucie, FL 34953	□ Remove
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			🗆 Add
			🗆 Remove
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Effective date (If an effective da Note: If the d document's ef	ate inserted it	n this block d	oes not m	reet the app	dicable stat	f filing or me utory filing	ore than 90 d requireme	_(optional ays after filing nts, this date) (.) Pursuant to 60 (will not be lis	95.0207 (. sted as tl
the record sp The 90th				ate, but	not an ei	fective ti	me, at 1	2:01 a.m.	on the earl	ier of:
	June	21	 \	2018	·					
Dated		\mathcal{L}),			oresentative (

Page 3 of 3

Filing Fee: \$25.00