

Florida Department of State

L17000241280
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LIFE INSTITUTE HUNTER'S CREEK LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 01 |
| Estimated Charge | \$25.00 |

2023 FEB 24 12:51

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Electronic Filing Menu

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FEB 27 2023

K. Brumby

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIFE INSTITUTE HUNTER'S CREEK LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel de Castro

Name of Person

Firm/Company

3362 Robert Trent Jones Dr. apt 408

Address

Orlando / Florida / 32835

City/State and Zip Code

DAOBOSSE@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel de Castro

407 624-6245

at ()

Name of Person

Area Code

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 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIFE INSTITUTE HUNTER'S CREEK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/26/2017 and assigned
Florida document number L17000261280

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JUST VISAS LLC

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:

3362 Robert Trent Jones Dr

(Principal office address MUST BE A STREET ADDRESS)

Apt 408

ORLANDO, FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|----------------------------------|--|
| AMBR | BOSSE DE CASTRO, DANIEL | 3362 ROBERT TRENT JONES DR #408 | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32835 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | BOSSE DE CASTRO, DANIEL | 3362 ROBERT TRENT JONES DR #408 | <input checked="" type="checkbox"/> Add |
| | | ORLANDO, FL 32835 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | JUST US 6 LLC | 16192 Coastal Hihgway | <input checked="" type="checkbox"/> Add |
| | | Lewis, DE 19958 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | BOSSE, ANA | 3362 Robert Trent Jones Dr: #408 | <input checked="" type="checkbox"/> Add |
| | | Orlando, FL 32835 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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