18000003414

(Re	questor's Name)	
(Ad	dress)	·
(Ad	dress)	·
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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cial Instructions to	Filing Officer:	

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2022 HOV -7 PH 2: 17 SECRETARY OF STATE TALLAHAL SELFL

Registration Section **Division of Corporations**

T:	<u> </u>				
	Name of Lin	nited Liability Company			
osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
turn all correspo	ondence concerning this matter	to the following:			
	John R. Smythe				
		Name of Person			
	Just LLC				
		Firm/Company			
	4680 7th Ave SW				
		Address	······································	° 2	
	Naples FL 34119		TVI.	2022 NOV -7 PH 2: 17	
	 	City/State and Zip Code	A S	¥-7	27 1,700 4. Filto
	ira.just.llc@gmail.com			× –	
	E-mail address: (to be used for future annual report notif	ication)	선 글	75434
er information c	concerning this matter, please c	all:	<u>زير</u>	2: -	7-14-15h
Smythe		239 777 - 5029 at ()	Г	7	
Name o	of Person	Area Code Daytime	: Telephone Number	.	
is a check for the	he following amount:				
.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status & y	

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

TO ARTICLES OF ORGANIZATION OF

Just LLC		
(Name of the Limited Liability) (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.)
ticles of Organization for this Limited Liability Co document number L18000003414	ompany were filed on 01/03/201	8 and assigned
nendment is submitted to amend the following:		
mending name, enter the new name of the limit	ted liability company here:	
name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
new principal offices address, if applicable:		
pal office address MUST BE A STREET ADDR	ESS)	
	<u> </u>	SECRET ALL.
new mailing address, if applicable:		> I then
eg address MAY BE A POST OFFICE BOX)		<u> </u>
	 	min I
mending the registered agent and/or registered ind/or the new registered office address here:	office address on our records	, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
		, Florida
	City	Zip Code
gistered Agent's Signature, if changing Registered	Agent:	
y accept the appointment as registered agent a ons of all statutes relative to the proper and co the obligations of my position as registered ag iled to merely reflect a change in the registered ny has been notified in writing of this change.	omplete performance of my du ent as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is
	If Changing Registered Agent, Sign	nature of New Registered Agent

noved from our records: Manager Authorized Member Name

<u>Na</u>	<u>me</u>	Address	Type of Action
CO	LLENNIUM TRUST MPANY, LLC CUSTODIAN O JOHN R. SMYTHE	2001 SPRING ROAD	_ = Add
	TH/IRA	SUITE 700	_ 🗆 Remove
		OAK BROOK, IL 60523	_ □Change
 			_ 🗆 Add
			_ 🗆 Remove
			_ Change
		SECRETARY OF STATE TALLAHASSEE, FL	Add 2022 Remove Change Change Add Remove
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date, if other than the date of f	Novemb	er 4, 2022		(optional)		
e date is listed, the date must be specifi to date inserted in this block does to	ic and cannot be pr						
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ecifies a delayed effective date, bu	t not an effectiv	e time, at 12:0	ll a.m. on the e	arlier of: (b) T	he 90	th day :	after th
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vember 4	2022	_					
70 M ()	7 / / _	·					
John R L	myla						
	44 20						-
Signature	a member or at	uthorized repres	entative of a mer	nber			