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2018 DEC 13 PM 2: 29 SECRESARY OF STATE TALLAMASSEE, FA

COVER LETTER

SHID HEGT.	STRATEGIZE2PROF	IT, LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for tiling.	
Please return all correspo	ondence concerning this matter to	the following:	
	Mario Gambale		
	Just Veg It! LLC	Name of Person	
	1440 Coral Ridge Drive #274	Firm/Company	
	Coral Springs, FL 33071	Address	
	mgamb1201@gmail.com	City/State and Zip Code	
		be used for future annual report notif	ication)
	concerning this matter, please cal		
Marlo Gambale		904 428-4401 at ()	
Name c	of Person	Area Code Daytime	: Telephone Number
/ Enclosed is a check for t	he 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

TO:

Registration Section Division of Corporations

> 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

FILED

ARTICLES OF ORGANIZATION 2018 DEC 13 PM 2: 29 OF

SEGRETARY OF STATE TALLAHASSEE, FL

STRATEGIZE2PROFIT, 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 villarida document number L18000222982	were filed on	September 28, 2018	_ and assigned
This amendment is submitted to amend the following:			
•			
A. If amending name, enter the new name of the limited liabil	lity company	here:	
JUST VEG IT! LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," th	e designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		eviation "L.L.C."
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		. Florida	
	City		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 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

Title	<u>Name</u>	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00