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COVER LETTER

TO:

Registration Section Division of Corporations

Just-A-Wiz	z LLC	e de la companya del companya de la companya del companya de la co	
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter		
	Joseph Wisniewski		
		Name of Person	
	Just-A-Wizz LLC/ DBA is	Florida Garage Door Pros	
		Firm/Company	 .
	12506 Roseland Drive		
		Address	
	New Port Richey, FI 34654	i e	
		City/State and Zip Code	
	justawizzllc@gmail.com		
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please ca	all:	
Joseph Wisniewski		727 505-3125 at ()	
Name o	f Person	Area Code Daytime Telephone Nun	nber
Enclosed is a check for th	ne following amount:	,	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	O Filing Fee, ficate of Status & fied Copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of Tallahassee	
Tallahassee. I	FL 32314	2415 N. Monroe Street, Suit	e 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF 2:19

b JUST-A-WIZZ LCC (Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	
(Name of the Limited Liability Company as it now appears on our red (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company were filed on MAY	14, 2019 and assigned
Florida document number <u> </u>	·
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 "l	LLC" or the abbreviation "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)	
	A 4h
B. If amending the registered agent and/or registered office address on our records, en agent and/or the new registered office address here:	ter the name of the new registers
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street ad	dress
	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. It provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent as provided for in Chapter 60.	, and I am familiar with and 05, F.S. Or, if this document is
being filed to merely reflect a change in the registered office address. I hereby confirm company has been notified in writing of this change	that the limited liability

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>	Address	Type of Action
AMBR	David Raymond	9032 Blackstone St, Spring Hill, Fl 34608	
			□Remove
			□Change
		 	□ Add
			Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Remove
			Change
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			Change
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ote: If the date inserte	er than the date of f , the date must be specified in this block does to ate on the Department	not meet the appl	icable statutory filing	(option ore than 90 days after the grequirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
ecord specifies a dela s filed.	yed effective date, bu	t not an effective	time, at 12:01 a.m. (on the earlier of: (b)	The 90th day after the
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ted <u> </u>	Lat lu	of a member or au	horized representative	of a member	