

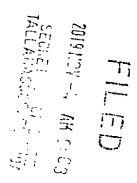
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
eum i	JUNK IT L			
SUBJ	ЕСТ:		ited Liability Company	<del></del>
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JESSICA MIRELES		
			Name of Person	<u></u>
		JUNK IT LLC		
		<del></del>	Firm/Company	
		4580 CONCORDIA LN		
			Address	
		BOYNTON BEACH/FLO	RIDA 33436	
		QJUNKREMOVAL@gmail	City/State and Zip Code Leom	
		E-mail address: (	to be used for future annual report notific:	ution)
For fu	rther information c	oncerning this matter, please ca	all:	
Jessica	a Mireles		561 908-4707	
	Name o	f Person	at () Area Code Daytime T	elephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUNK IT LLC		
(Name of the Lir	nited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>ds.</u> )
	Liability Company were filed on MAY 28 2019	and assigned
lorida document number L19000141566	·	
his amendment is submitted to amend the fo	ollowing:	
a. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLG	U" or the abbreviation "L.L.C."
Inter new principal offices address, if app	licable:	
Principal office address MUST BE A STRE	SET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFIC	E BOX)	un s
		7 9 1
		\$65 J. Francisco
. If amending the registered agent an	d/or registered office address on our record	ls, enter the name of the he
egistered agent and/or the new registered		36 5 U
		: : : : : : : : : : : : : : : : : : :
Name of New Registered Agent:	QUADARIAS MIRELES	<u>್ಷಾಂಕ್ ದೆ</u>
New Registered Office Address:		
	Enter Florida street addre	33
	. Fl	lorida
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	QUADARIAS A MIRELES	4580 CONCORIDA LN BOYNTON BEACH FL.33436	_ Add
			Remove
	JESSICA MIRELES	4590 CONCODIDA LA	□ Change
MRG	JESSICA MIRELES	4580 CONCORIDA LN BOYNTON BEACH FL.33436	
			Remove
			Change
·			
			□ Change
			☐ Remove
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			□ Remove
			Change
<u> </u>	<del></del>		
		-	□ Remove
			□ Changa

AS THE MGR(MANAGER).	<u> </u>		<del>.</del>
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fective date, if other than the d	late of filing:		(optional)
m effective date is listed, the date must lote: If the date inserted in this bloom	be specific and cannot be prior to ok does not meet the application	o date of filing or more than b ble statutory filing require	90 days after filing.) Pursuant to 605.05 ements, this date will not be listed
cument's effective date on the Dep	partment of State's records.		
record specifies a delayed The 90th day after the reco	effective date, but not	an effective time, a	t 12:01 a.m. on the earlier
The socia day dicer the recoi	a is illea.		
OCTOBER 29	2019		
		<u> </u>	
	1-2-		

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Typed or printed name of signee

Filing Fee: \$25.00