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Y SULKER JAN 2 8 2020 DocuSign Envelope ID: 859C195C-EADC-472B-8B6D-30B34AA3E726 COVER LETTER TO: Registration Section **Division of Corporations** Junkbegonefl, 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: Wesley W. Bynum Name of Person Bynum CPA, PLLC Firm/Company 805 S. Church St., Ste. 14 Address Murfreesboro, TN 37130 City/State and Zip Code wes@bynumcpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jason Dishon Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 Tallahassec
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L19000284235		and assigned
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 I	.iability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	684 Crescent Road	
(Mailing address MAY BE A POST OFFICE BOX)	Murfreesboro, TN 37128	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the n	ame of the new regis
Name of New Registered Agent:		····
New Registered Office Address:	Enter Florida street address	
	, Florida	

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

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If amending Authorized rerson(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	Jason Dishon	684 Crescent Road	= Add
		Murfreesboro, TN 37128	□Remove
			□Change
AMBR	Taylor Castranova	684 Crescent Road	= Add
		Murfreesboro, TN 37128	□ Remove
			Change
			□ Add
			□Remove
			□Change
			□Remove
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			□Remove
			□ Change

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