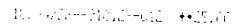
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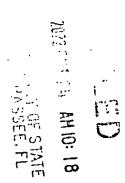
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(December 1)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to ming Officer.

Office Use Only



300396310613







## **COVER LETTER**

TO:

Registration Section Division of Corporations

Justin Myers Real Estate, LLC SUBJECT: 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: Justin Myers Name of Person Justin Myers Real Estate, LLC Firm/Company 3 Garniers Post Roasd Address Fort Walton Beach, FL 32547 City/State and Zip Code jmyers111@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Justin Myers 685-6481 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ■ \$25.00 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:** Street Address: **Registration Section Registration Section** Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Justin Myers Real Estate, LLC		
(Name of the Limited Liabi (A Flori	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 12/19/19	and assigned
forida document number L20000001805	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
lustin Myers, LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		(-)
Principal office address MUST BE A STREET ADD	RESS)	
		SSO > TH
nter new mailing address, if applicable:		FAT =
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registere gent and/or the new registered office address here:		enter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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 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>	Name	Address	Type of Action
			□ Add
			□ Remove
			□Change
			□Remove
			□Change
			—————————————————————————————————————
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