1200014729

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(Address)				
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(Business Entity Name)				
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SUCH THE PRINCIPLE STATE

COVER LETTER

Division of Co	orporations					
JUST BU SUBJECT:	RN MORE 2, LLC					
SUBJECT:	Name of Lim	uited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	Matthew Bater					
	Name of Person					
	Just Burn More 2, LLC					
	FirmvCompany					
	9123 Narcoossee Road, Suite #C-200					
	Address					
	Orlando, Florida 32827					
		City/State and Zip Code				
	matthew.bater72@gmail.co					
	E-mail address: (to be used for future annual report i	notification)			
For further information	concerning this matter, please c	all:				
Matthew Bater		703 869-7577				
Name	of Person	Area Code Day	time Telephone Number			
Enclosed is a check for	the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addr	acc.	Street Address	5.0			

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JUST BURN MORE 2, 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 were filed on $\frac{01/08/2020}{1}$ and assigned Florida document number L20000014729 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 "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 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 complewith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar without 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>	<u>Name</u>	Address	Type of Action
AMBR	Sheila Bater	9123 Narcoossee Road, Suite #C-200	□Add
		Orlando, Florida 32827	≡ Remove
			□Change
			□Add
			🖾 Remove
			□Change
			□Add
			[]Remove
			□Change
			□Add
			□Remove
			[] Change
			□Add
			□Remove □Change
			D'Add III
			☐ Change

Typed or printed name of signee