## L20000 33781

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: JUST VE	EGAN, LLC			•	
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Processing Department				
		Name of Person			
Firm/Company					
5605 Riggins Court Suite 200					
		Address			
	Reno, NV 89502	27. 6			
		City/State and Zip Code		•	
	docs@incauthority.com E-mail address: (	to be used for future annual report notific	ation)	7020 T.A	
For further information c	concerning this matter, please co	all:		2020 SEF 22 SESSEL TALLADA	
Processing Department		at (800 ) 638-2320		£.;	: }
Name o	of Person	Area Code Daytime	Felephone Number	PM 7: 08	ر
Enclosed is a check for the	he following amount:			:	
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section			

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

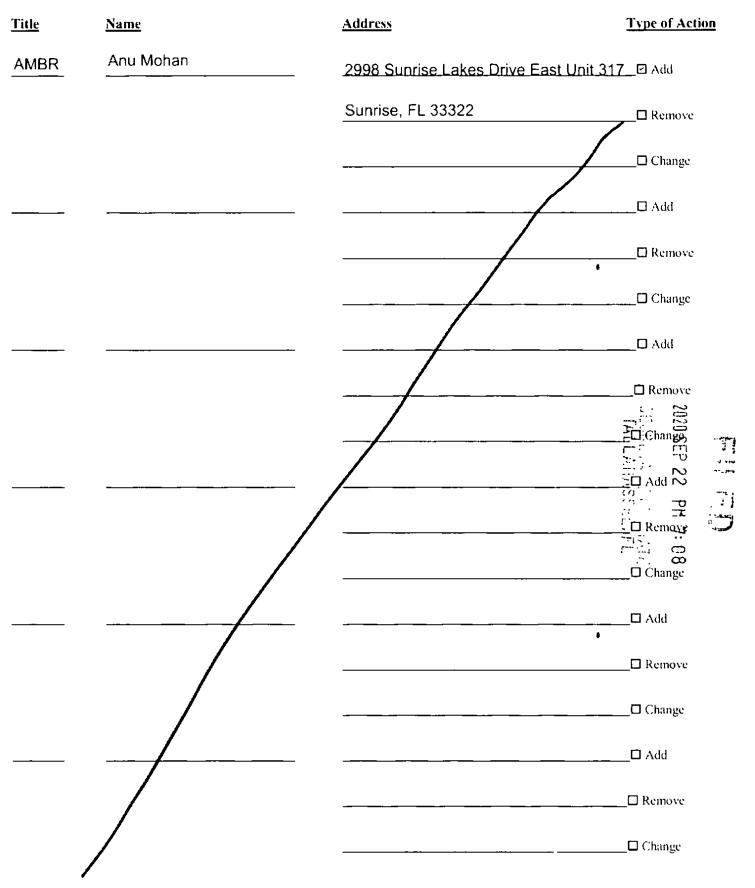
## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST VEC					
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our records.) iability Company)				
he Articles of Organization for this Limited Liability Company were filed on January 28, 2020 and assigned lorida document number L20000033781					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabilia	ty 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 off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new				
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address Florida  Florida  Florida				
New Registered Agent's Signature, if changing Registered Agent:	City Sip Code Lang				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	ve to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is				

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



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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) d EIN No.84-47 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. 09.15.2020 Signature of a member or authorized representative of a member

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Anu Mohan
Typed or printed name of signee

Filing Fee: \$25.00