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(Req	uestor's Name)	
(Add	lress)	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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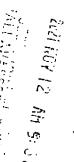
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COVER LETTER

TO:

Registration Section Division of Corporations

LuvUrGut SUBJECT:	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eric Jorgensen		
		Name of Person	
	Just 4 Fun LLC		
	Name of Limited Liability Company ed Articles of Amendment and feefs) are submitted for filing. mall correspondence concerning this matter to the following: Eric Jorgensen		
	2013 Willow Lauren Ln		
		Address	
	Windermere, FL 34786		
		City/State and Zip Code	_
	ericjorg@gmail.com		
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Eric Jorgensen			
Name c	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
€ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration	Section Corporations 27	Registration Sec Division of Cor The Centre of T	porations allahassec e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LuvUrGut LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 03/31/2020	and assigned
orida document number 1.20000094033		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
ist 4 Fun LLC		
ne new name must be distinguishable and contain the words "Limited Liabile	ity Company," the designation "LEC" (or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
• • •		.
rincipal office address MUST BE A STREET ADDRESS)		
		ELL CA
nter new mailing address, if applicable:		***
failing address MAY BE A POST OFFICE BOX)		\$35 P
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		5: 4
. If amending the registered agent and/or registered office a	ddress on our records, enter th	e name of the rew regist
ent and/or the new registered office address here:	duress on our records, enter a	te name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change

				
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ective date, if other than the elective date is listed, the date must	date of filing:	late of filing or more than 90 days	optional) after filing) Pursuar	nt to 605 020
te: If the date inserted in this blo ument's effective date on the De	ock does not meet the applicable			
union serietive date of the De	partition of State's records.			
cord specifies a delayed effective	date, but not an effective time	, at 12:01 a.m. on the earlier o	of: (b) The 90th d	lay after th
s filed.				
November 9th	2021			
ed	·			

Typed or printed name of signee