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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX, ACCOUNTING & FINANCIAL PRO, INC

Account Number : 120120000058 : (305)760-2011 Phone

Fax Number : (866)895-8710

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

epuka76@aol.com Email Address:__

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February 24, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

JUST STATE IT LLC 333 SE 2ND AVE SUITE 2000 MIAMI, FL 33131US

SUBJECT: JUST STATE IT LLC

REF: L20000277224

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet submitted is for an LP/LLLP, this company is an LLC. Please resubmit with an LLC fax audit sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

FAX Aud. #: H21000074291 Letter Number: 021A00004087

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

JUST STATE IT LLC			
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on	09/04/2020	and assigned	
Florida document numberL20000277224			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company he	<u>ere</u> :		
The new name must be distinguishable and contain the words "Limited Liability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		202	
		0	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		. —	
B. If amending the registered agent and/or registered office address on our ragent and/or the new registered office address here:	records, <u>enter the na</u>	me of the new registered	
Name of New Registered Agent:			
New Registered Office Address: Enter Flo	orida street address		
	. Florida		
City	, Florida _	Zip Code	
The state of the state of the paring Parintered Agents		-	

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>	<u>Name</u>	Address	Type of Action
MGR	GUILLERMO M ACEVEDO	333 SE 2ND AVE	
		SUITE 2000	= Remove
		MIAMI, FL 33131	Change
MGR	RICARDO THOMPSON	333 SE 2ND AVE	
		SUITE 2000	■ Add 2021 H
		MIAMI, FL 33131	Change
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not meet the applic	able statutory trims is	(optional) than 90 days after filing.) the equirements, this date w	Pursuant to 60 vill not be lis	5.0207 (3 ted as th	3)(b 1¢
the record specifies a delayed effective di ford is filed.	te, but not an effective ti	me, at 12:01 a.m. on	the earlier of: (b) The	90th day afti	er the	
FEBRUARY 09	2021	_· _				
Dated						