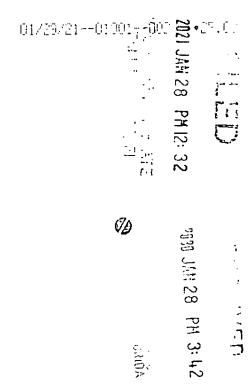
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WALK IN

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SPECIA INSTRU	L JCTIONS:	

COVER LETTER

	tness, LLC		
		mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	Tia Leathers		
		Name of Person	
	Writejustness, LLC		
		Firm/Company	
	7643 Gate Parkway, Suite	: 104-1120	
		Address	
	Jacksonville, FL 32256		
	writejustness@gmail.com	City/State and Zip Code	
		to be used for future annual report not	fication)
or further information	concerning this matter, please of	all:	
Γia Leathers		904 635-8860	
Name	of Person	Area Code Daytim	c Telephone Number
nclosed is a check for t	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address: 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 7071 JAN 28 PH 12: 32

Writejustness, LLC

(Name of the Limited Liability Company of the

(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 10/26/2020 Florida document number L20000339036 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: Tia Leathers Name of New Registered Agent: 7643 Gate Parkway, Suite 104-1120 New Registered Office Address: Enter Florida street address _. Florida 32256
Zip Code Jacksonville 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. Address Change only

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

2021 JAN 28 PH 12: 32

<u>Title</u>	<u>Name</u>	Address GLIGHT ATE	Type of Action
MGR	Tia Leathers	Address ATE 7643 Gate Parkway. Suite 104-1120	≣ Add
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Tiá M. Leathers		_

Filing Fee: \$25.00