10/20/23, 2:47 PM

Division of Corporations

# Elorida Department of States Division of Corporations Electronic Filing Coversheep

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.

Account Number : 120040000167 Phone : (305)377-0809 Fax Number : (305)377-0781

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

Email Address: Carporate@ physiaw. com

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

JUST20, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

T. LET L'EUX

OCT 23 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST20, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on 11/12/2020	and assigned
Florida document number L20000346038		_ •
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	900 S Pine Island Rd	
(Principal office address MUST BE A STREET ADDRESS)	Suite 670	
	Plantation FL 33324	
Enter new mailing address, if applicable:	900 S Pine Island Rd	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 670	· ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Plantation FL 33324	(3)
		2
3. If amending the registered agent and/or registered office a	address on our records, enter the name	of the new regist
gent and/or the new registered office address here:		1
		<u> </u>
Name of New Registered Agent:		· 0
New Registered Office Address:	· ***	
	Enter Florida street address	-
	, Florida	
	City	Zio 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 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	JAMILA MIRZAYEVA	900 S Pine Island Rd	
		Suite 670	□Remove
		Plantation FL 33324	<b>■</b> Change
		-	Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attac	ch additional sheets, if necessary.)
	<del></del>
	· · · · · · · · · · · · · · · · · · ·
	<del></del>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(butory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12 record is filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
Dated September 22 , 2023	
Signature of a member of authorized rep	resentative of a member
Ricardo Bajandas, Esq., Authorize	

Typed or printed name of signee