# h21000065724

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# **COVER LETTER**

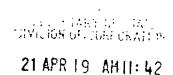
TO: Registration Section Division of Corporations	r			
SUBJECT: Just Draft Creations and Technologies LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Justin R. McKay Name of Person	<del></del>			
Just Draft Creations and Techno	logies LLC			
8362 Pines Bulevard #350	<del></del>			
Pembroke Pines Florida 330 City/State and Zip Code	24			
istanck of all 2000 com E-mail address: (to blused for future annual report notif	fication)			
For further information concerning this matter, please call:				
Justin R. McKay at (754) 70  Name of Person Daytime	3-97 37.  Telephone Number			
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee	□ \$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



Just Draft (reations of Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L + 100066574}{L}$ .	were filed on $02/06/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	8362 Kines Doublevard #350
(Principal office address MUST BE A STREET ADDRESS)	8362 Fines Boulevard #350 Pembroke Pines, Florida 33024
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	8367 Pines Boulevard #350. Remboke Pines, Florida 33024
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:  New Registered Office Address:	A Enter Florida street address  Florida \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

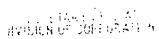
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| Compared to manage, enter the title, name, and address of each person being added or removed from our records:
| Compared 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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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
		<del></del>	Change
			□Add
		<del></del>	□Remove
			Change
	h	/	□Add
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	\	Change	
	/	<del></del>	
			Remove
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		<del>-</del>	□Add
			□Remove
			□ Change



D, If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessaring R 19 AH 11: 42
•	<del></del>
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(If an efi <u>Note:</u>	ive date, if other than the date of filing:  (optional)  (optional
f the recor	d 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 led.
Dated	April 13th. 2021
	Signature of a member or authorized representative of a member
	Signature of a memory of additional representative of a memory
	Tystin R. Mc/Cay Typed or printed name of signee

Filing Fee: \$25.00