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ACCESS; INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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### **WALK IN**

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### **COVER LETTER**

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TO:

Registration Section
Division of Corporations

SUBJECT:	y	lust Modern Media	
30B0EC1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Jesop Heintskill	
		Name of Person	
		Just Mcdern Media	
		Firm/Company	
		3090 NNV 107th Ave	
		Address	
		Coral Sorings, FL, 33065	
		City/State and Zip Code	
	E-mail address:	jasonn626@gmail.com (to be used for future annual report r	actification)
For further information of	concerning this matter, please c	·	.comeuno,
	Jason Heintskill	at ( <u>954</u> )	651~4922
Name o	of Person	Area Code Day	time Telephone Number
Englosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Cartified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:		RIER ADDRESS:
	ration Section on of Corporations	Registration Sec	
	ox 6327	Division of Corporations Clifton Building	
	assee, FL 32314	2661 Executive	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST N	202 MODERN MED	MARCI AM 9: (	0.3
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears (	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	03-09-2021	tt and assigned
Florida document numberL21000097849			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here	;	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the desi	gnation "LLC" or the abb	previation "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)			<del></del>
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, <u>enter (</u>	the name of the new
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Florida	street address	

#### 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.

City

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 2021 HAR 11 AM 9: Right of Action AMBR = Authorized Member <u>Title</u> <u>Name</u> Address 3090 NW 107th Ave coral Springs FL 33065 **АМВЯ** Jason Heintskill · 🗎 Add ☐ Remove □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add

☐ Remove

☐ Change

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an effective date is listed, the date must be specific and call of the date inserted in this block does not medocument's effective date on the Department of States.	(optional) unnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 et the applicable statutory filing requirements, this date will not be listed as te's records.
e record specifies a delayed effective dat The 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of
ated <u>03/09/2021</u> ,	·
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Typed or printed name of signee

Filing Fee: \$25.00