LZI 000109209

(Re	questor's Name)	
_ (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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06/07/21--01023--016 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JUS BESTILLILC	
	imited Liability Company
The enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
<u>Alexandria</u>	WALLACE
	Name of Person
<u>Jus Be Sti</u>	
	Firm/Company
175 NW	
	Address .
<u>Miami</u> Fi	C 33168
Ourrole	City/State and Zip Code *XX 7777
E-mail address	XX 777 @ Januo . Com : (to be used for future annual report notification)
For further information concerning this matter, please	call:
Alexandria Wallace	a1A54 , 7712.6482
Name of Person	Area Code Daytime Telephone Number
Encloyed is a check for the following amount:	
S25,00 Filing Fee S30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed)
A.	State of Addition of
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 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 <u>L2100109209</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial JUS. Be. STILL. LLC The new name must be distinguishable and contain the words "Limited Liabs"		breviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1175 NW 1347M ST Miami Pl 33/160	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1175 NW 134th 5T Miami FC 33168	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip 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
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Remove
			☐ Change
			□Add
			□Remove
			∩Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I am changing the name of my business to
I am changing the name of my business to Jus. Be. Still. LLC. Thank you.
VUSOIDE OS TILL OLLCO TIUTIN OF COL
The new address will be 1175 NW 134Th ST MIGMI FC 33/168. Thank you.
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated
Signature of a member or authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00