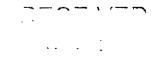
L21000271369

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COVER LETTER

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TO:

TO: Registration S Division of Co		e
	NOVATE IT LLC	;
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles o	of Amendment and fec(s) are sub	mitted for filing.
Please return all corresp	oondence concerning this matter	to the following:
	OCEANNE RABEAUX	
		Name of Person
	JUST RENOVATE IT LL	C
		Firm/Company
	1707 ENTERPRISE AVE	
		Address
	NEW SMYRNA BEACH	FL 32169
		City/State and Zip Code
	JUSTRENOVATELLC@G	MAIL.COM to be used for future annual report notification)
For further information	concerning this matter, please c	
OCEANNE RABEAU	x	386 898 1230 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	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 RENOVATE IT LLC.

2021 11 1 28 65 7: 10

If Changing Registered Agent, Signature of New Registered Agent

(Name of the Limited Liability Compar (A Florida Limited L	y as it now a	ppears on our re	cords.)	
(A Florida Limited L	iability Comp	any)	r	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000271369</u> .	were filed o	n June 10, 2021		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity compar	ıy here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company,"	the designation "	'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)		, , ,		
maning dadress MAT BE AT OUT OF THE BOAT				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:				of the new register
	Enter Florida street address			
	City	=	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	V-0.			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performand rovided for	e of my dutie: in Chapter 6	s, and I am fo 05, F.S. Or, i	nmiliar with and f this document is

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 221 JU. 28 AH	7: GType of Action
MGR	OCEANNE RABEAUX	1707 ENTERPRISE AVE	
		NEW SMYRNA BEACH FL 32169	□Remove
		(NEW TITLE IS MGR)	⊞ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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(If an effective Note: I	te date, if other than the date of filing:
ord is file	
Dated_	June 24th 2021.
	G COCC
	Signature of a member or authorized representative of a member

ru r eseno

Typed or printed name of signee