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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	JUST N	TIME CLEAN	
SOBJECT.		ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
		UStin Thomas Name of Person	
	<u>Juc</u>	T NTIME CLE	A-N
	<u> </u>	97 Miccosukee	Rd
	Tallahaxee F	Lorida 32309 City/State and Zip Code JUSt ntime pur o be used for future annual report notif	
	E-mail address: (t	JUST ntime pwo	Warrall. COVI
For further information c	oncerning this matter, please ca		
Justin Name o	Thornas f Person	at (850) 2287 Area Code Daytime	t 3 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C		Division of Cor	porations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 N TI	IME CIEAN	
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>LAICOH495</u>	Company were filed on 11/10/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lint	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne of the new registere
Name of New Registered Agent:		····
New Registered Office Address:	Enter Florida street address , Florida	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Justin Thomas	14997 Miccosukee Rd Tallahassee Florida 32300	_ ⊠Add
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Note: If the o	e, if other than the date of fi e is listed, the date must be specific ate inserted in this block does no ective date on the Department of	ot meet the applicable	ite of filing or more than 90 statutory filing requirer	(optional) days after filing.) Pursuant to nents, this date will not be	o 605.0: : listed
e record speci ord is filed.	es a delayed effective date, but	not an effective time,	at 12:01 a.m. on the ear	lier of: (b) The 90th day	after t
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Filing Fee: \$25.00