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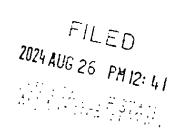
TO: Registration Section Division of Corporations
SUBJECT: Just Winging it at Cains LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Russell A Cair
Firm/Company
Muo w Trade Un
Citrus Springs FL 34434 Citrus Springs FL 34434
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Russell Cain at (35d) 3(ad. 3194 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Certificate of Status Cert

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



(A Flor	da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number \(\begin{align*} \begin{align*} \lambda \lamb	Company were filed on Ol-21-22 and assigned
This anchancia is submitted to afficial the following.	
A. If amending name, enter the new name of the li	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	Washington DC 20017
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	5712 S SUNCOUST BIV
	Homosassa FL 34446
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> :
Name of New Registered Agent:	nichael De Pasquale Ir
New Registered Office Address: 5	Enter Florida street address
_ <u></u>	OMOSASS 4 , Florida 3444 & Zip Code
Nam Danistanad Amanth Cinnatura (Cabanning Danista	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Asen1	Russell Cain	Muo w Trade un	🗆 🗆 Add
		Citres Springs PL 340	134 Ekemove
MGR	Cameron Cain	3264 W Kirkwood PI	□Add
		Citys Springs Fr 3443	3 DKemove
			□Change
M G R	Krishy Cain	Moow Trade un	□Add
		Citrus Springs FL 34	Remove 43d
			□Change
	 		□Add
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			□Remove
			□Change

New	Name:	Just	Winging	it USA
<u> </u>			, , , , , , , , , , , , , , , , , , ,	
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fan effective date is listed, the d Note: If the date inserted in	an the date of filing: 8 ate must be specific and cannot be this block does not meet the the Department of State's re-	e prior to date of fili applicable statuto:	ng or more than 90 days a	
record specifies a delayed e d is filed.	ffective date, but not an effec	ctive time, at 12:0	1 a.m. on the carlier of	(h) The 90th day after
Dated 8-22.	- 2 4			
	m	DF		
	Signature of a member of		antative of a member	