(Requestor's Name)	
(Address)	000401246530
(Address) (City/State/Zip/Phone #)	the second states and second
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	2023 FEB 23 PH 1: 03

Office Use Only





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*****IMPORTANT NOTICE*****

PLEASE SEND ALL DOCUMENTS – APPROVED OR REJECTED TO THE ADDRESS BELOW.

INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST

RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

Inc Authority

- TO: PHYSICAL: Dept. of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
- MAILING: Dept. of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314
- FROM: Inc Authority, LLC 1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852
- DATE: Tuesday, February 14, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment For: JUST THE THING, LLC

We have included payment in the amount of <u>\$25.00</u> for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

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TO: **Registration Section Division of Corporations**

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SUBJECT: JUST THE THING, 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:

		Aaintenance Lea	d		
	Υ.	ame of Person			
	Processir	ng Department			
	F	irm/Company			
	1450	Vassar St		2023 F	لتوقديه
Address				FEB	1000 - 10000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1
	Rend	o, NV 89502		23	מבשיי בעדיי
	City/S	State and Zip Code			1. <u></u> -1 5.5.5
For further information concerning this		d for future annual report notific	ation)	I: 03	الريب
Processing Depa		at (800 Area Code Daytime 7	Felephone Number		
Enclosed is a check for the following at	nount;				
\$25.00 Filing Fee \$30.00 F Certifie	cate of Status	55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate o Certificate o Certified Co (additional cop	of Status & py	

MAILING ADDRESS: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST THE THING, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/26/22 _ and assigned Florida document number L22000198957

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liabi	fity Company," the designation "LLC" or the al	obreviation "	L.L.C."	
		ده اياني:	202	
Enter new principal offices address, if applicable:		· · · ·	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)			-8-	s j
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the states if any light			PH	
Enter new mailing address, if applicable:				الرجيعة ال
(Mailing address MAY BE A POST OFFICE BOX)			-03	_ _

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	Iress
	 City	Florida 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 Changing Registered Agent, Signature of New Registered Agent

<u>ه</u> . . .

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

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AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR		105 Avenue E	🖸 Add
		Marathon	Remove
		FL, 33050	Change
			Add
			Change
			🗋 Add
		·	🗇 Remove
			Change
			🖸 Add
			Remove
			🖸 Add
			🔤 🗌 Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: N/A (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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	a member
Melissa Weaver	
Typed or printed name of signee	
Page 3 of 3	
Filing Fee: \$25.00	