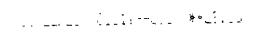
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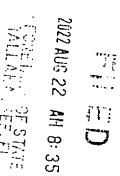
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| PICK-UP                   | WAIT              | MAIL      |
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| Certified Copies          | Certificates      | of Status |
| Special Instructions to I | Filing Officer:   |           |
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Office Use Only



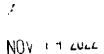
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A. BUTLER

NOV 1 4 2022



#### COVER LETTER

#### TO: Registration Section **Division of Corporations** JUST CHILLL LLC SUBJECT: 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:

|                            | CANDICE MCKENZIE   |  |
|----------------------------|--|--|
|                            | Name of Person   |  |
|                            |  |  |
|                            | Firm/Company   |  |
|                            | 3111 N UNIVERSITY DRIVE SUITE 408                                  |  |
| Address                    |  |  |
|                            | CORAL SPRINGS, FL 33065  |  |
|                            | City/State and Zip Code  |  |
|                            | mscandicemckenzie@gmail.com  |  |
|                            | E-mail address: (to be used for future annual report notification) |  |
| For further information co | oncerning this matter, please call:                                |  |
| CANDICE MCKENZIE           | 954 798-0615<br>at ()  |  |
| Name of                    | Person Area Code Daytime Telephone Number                          |  |

Enclosed is a check for the following amount:

■ \$25.00 Filling Fee

☐ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

| Just Chilll LLC  | 2022 AUG 22 AM 8:   | 35                             |
|--|---|--------------------------------|
|  | Liability Company as it now appears on our resolves of Liability Company) |                                |
|  |   | \$ '·                          |
| The Articles of Organization for this Limited Liab       | bility Company were filed on 8/16/2022                                    | and assigned                   |
| Florida document number 1.22000359616                    |   |                                |
| This amendment is submitted to amend the follow          | ving:   |                                |
| A. If amending name, enter the new name of t             | he limited liability company here:  |                                |
| JUST CHILL LLC   |   |                                |
| The new name most be distinguishable and contain the wor | rds "Limited Liability Company," the designation "LL                      | C" or the abbreviation "L1,C1" |
| Enter new principal offices address, if applical         | ble:  |                                |
| (Principal office address MUST BE A STREET               | ADDRESS)  |                                |
|  |   |                                |
|  |   |                                |
| Enter new mailing address, if applicable:                |   |                                |
| (Mailing address MAY BE A POST OFFICE B                  | <u> </u>  |                                |
|  |   |                                |
|  |   |                                |
| B. If amending the registered agent and/or reg           |   | r the name of the new register |
| agent and/or the new registered office address           | nere:   |                                |
| Nime of Nime David was 1 A care                          |   |                                |
| Name of New Registered Agent:                            |   |                                |
| New Registered Office Address:                           |   |                                |
|  | Enter Florida street addre  | 200                            |
|  | F   | lorida                         |
|  | 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   |
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| Effective date, if other than the date of filing:  | ior to date of tiling or more th      | (optional)<br>m 90 days after filing ) Pursuant | to 605 0207 (                          |
| Note: If the date inserted in this block does not meet the app<br>document's effective date on the Department of State's recor | licable statutory filing requ         | firements, this date will not b                 | oe listed as t                         |
| e record specifies a delayed effective date, but not an effective<br>rd is filed.  | e time, at 12:01 a.m. on the          | earlier of: (b) The 90th day                    | y after the                            |
| Dated AUGUST 18  |                                       |   |  |
| Dated  | <u> </u>                              |   |  |
| ( MAT WAS  | A = ithorized representative of a ii  |   |  |

Typed or printed name of signee