## L22000532774

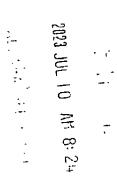
(Requestor's Name)
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## **COVER LETTER**

TO: Registration So Division of Cor					
Just Right I	Digital LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Eric Montalvo				
		Name of Person			
	Just Right Digital LLC				
		Firm/Company			
	5108 SW 138th Ave Cir				
		Address			
	Miami, FL 33175				
	-	City/State and Zip Code			
	contact@leadingpetsupplies				
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	tification)		
Eric Montalvo		305 904-2604			
Name o	of Person	at () Area Code Daytin	me Telephone Number		
Enclosed is a check for t	he 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		Street Address: Registration Se	ection		
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## 

Just Right Digital 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 12/21/2022 and assigned Florida document number 1.22600532774

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 Liability Company," the designation "LLC" or the abbreviation "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)

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 affice address here:

Name of New Registered Agent:

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_\_. Florida \_

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
MGR	Nikolas Hrach	11495 SW 60TH ST Miami, FL 33173	= Add
		-	□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
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	07/06/2023		(optional)	
Effective date if other than the de		ate of filing or more than 90	(Optional) ) days after filing.) Pursuant to 60	
Effective date, if other than the da	e specific and cannot be prior to d			05.0207 (
If an effective date is listed, the date must be <u>Note:</u> If the date inserted in this block	e specific and cannot be prior to do a does not meet the applicable	statutory filing requirer	nents, this date will not be li-	05.0207 ( sted as t
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Filing Fee: \$25.00