

L23000104168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

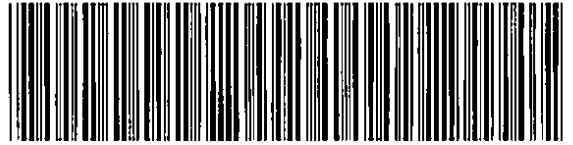
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200407383692

04/26/23--01019--011 **150.00

FILED
2023 APR 26 PM 4:14
STATE
OF FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JUST BE YOURSELF, 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:

Cari-Ann Brana

Name of Person

Firm/Company

8724 Sunset Drive, #96

Address

Miami, Florida 33173

City/State and Zip Code

faburocks@faburocks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Car-Ann Brana

305

952-0079

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

2023 APR 26 PM 4:14

FILED

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------------------|------------------------|--|
| MGR | CRB Family Limited Partnership, L | 8724 SUNSET DRIVE, #96 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33173 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | CRB Family Partnership, L.L.P | 8724 SUNSET DRIVE, #96 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33173 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

2020 APR 20
PH: 14
STATE
FL

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

Removing the word "Limited" from the name of the Manager.

[illegible]

E. Effective date, if other than the date of filing: _____ (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 April 12, 2023

Calvin Brown

Signature of a member or authorized representative of a member

Cari-Ann Brana

Typed or printed name of signee

2023 APR 26 PM 4:14