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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Email Address:_____

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUST IN TIME HOLDINGS LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Just in time holdings 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 04/21/2023 __ and assigned Florida document number L23000198475 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.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 office address here: Ÿ Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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>	Name	Address	Type of Action
Manager	Gerard Marzocchi	7901 4th St N STE 300	iii Add
		St. Petersburg FL 3370	2 □Remove
			□Change
Member	Gerard Marzocchi	7901 4th St N STE 300	ii !Add
		St. Petersburg FL 33702	□Remove
		 .	□Change
			□Remove
			Change
			□Remove
			DChange
			□Add
			□Remove
			Change
		 	□Add
			🖸 Remove
			7)Change

f an ci Note:	ive date, if other than the date of filing:
d is f	
Dated	05/02 2023
	05/02 2023 Ruhu hung Stenature of a member or authorized representative of a member
	signature of a includer or authorized representative of a member
	Robin Jones

Filing Fee: \$25.00