

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:







Date: 12/18/2023

Florida Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Just Annie LLC - File Number: L23000385324

To Whom It May Concern:

Attached please find the executed Certificate of Amendment the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc. Attention: Nicholas Bialota 336 E. College Ave. Suite 301 Tallahassee, FL 32301

If you have any questions, please feel free to contact me at 844-493-6249 or at {fulfillment@zenbusiness.com or compliance@zenbusiness.com}.

Thank you,

Nicholas Bialota ZenBusiness Customer Success

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST ANNIE LLC		
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our rec da Limited Liability Company)	<u>:ords.</u>)
The Articles of Organization for this Limited Liability lorida document number 1.23000385324	Company were filed on 08/16/2023	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		7
		1
 If amending the registered agent and/or registere gent and/or the new registered office address here: 		ter the name of the new regis
		•
Name of New Registered Agent:		N
New Registered Office Address:		
	Enter Florida strevt add	dress
		. Florida
	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Maria Antonieta Matos Villegas	2662 SW 118th Rd Miramar, FL 33025	
			Remove
			□Change
			□Add
			□ Remove
			Change
		***************************************	□Add
			□Remove
			□Change
			🗀 Remove
			□ Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□ Change

		guardie of a metacci ci au	idining repre		••	
	/s/ Noely Raquel Da Si	lva Madalena gnature of a member or au	thorized repre	sentative of a memb	er	
Dated	cember 18th	. 2023	·			
e record sp rd is filed.	pecifies a delayed effective of	late, but not an effective	e time, at 12:0	01 a.m. on the ear	ier of: (b) The 90t	h day after the
Note: If the	he date inserted in this bloc s effective date on the Dep	k does not meet the app	licable statut			
Effective	date, if other than the day	ate of filing:	iar to data of F	ling or more than 00	(optional)	 N Sugart to 605 0207
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