## 124000018088

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## **COVER LETTER**

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration S Division of Co			
Just Loans SUBJECT:	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Richard Wicks		
		Name of Person	
	One Rose Consulting, LL	C	
	·	Firm/Company	<del></del>
	132 Hines Dr.		
		Address	
	Four Oaks, NC 27524		
		City/State and Zip Code	
	julia.lysenko@yahoo.com	to be used for future annual report not	2 Para Cara
		•	incation)
For further information	concerning this matter, please of	ali:	
Richard Wicks		727 353-3188 at ( )	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of (		Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Just Loans LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	s it now appears on our records.) Ity Company)	<del></del>
The Articles of Organization for this Limited Liability Company were lorida document number <u>L24000018088</u> .	e filed on 01/08/2024	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
fust My Loans LLC		
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbr	eviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
THE CHARLESS MOST BE A STREET ADDRESSY		
_		~
'nter new mailing address if applicables		
nter new mailing address, if applicable:		20 62
Mailing address MAY BE A POST OFFICE BOX)		2
<del>-</del>		<u> </u>
		المارية
3. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	ress on our records, enter the name	_` \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
gent and/of the new registered office address here.		· · · · ·
Name of Nam Pagintanad Aranta		
Name of New Registered Agent:		
New Registered Office Address:		<del></del>
	Enter Florida street address	
	, Florida	<u>.</u>
	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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			□Remove
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fan effectiv Note: If tl	date, if other than the date of filing:
e record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 27 2024
	toff of
	Signature of a member or authorized representative of a member