

LOS000043547

(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



800229368528

04/18/12--01023--006 **25.00

2012 APR 18 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE
APR 19 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MJSL ENTERPRISES 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:

Erlinda Hernandez
Name of Person

JONATHAN H. GREEN & ASSOCIATES, P.A.
Firm/Company

799 Brickell Plaza, Suite 700
Address

Miami, Florida 33131
City/State and Zip Code

Szg@jhglaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erlinda Hernandez at (305) 372-5100
Name of Person Area Code & Daytime Telephone Number

FILED
2012 APR 18 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MJSL ENTERPRISES 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 09/23/2005 and assigned Florida document number L05000093547.

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 end with 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)

680 NE 64th Street

A 107

Miami, Florida 33138-6252

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Post Office Box 1026

Palm Beach, Florida 33480

FILED
2012 APR 18 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent:

WOLOFSKY, MOIRA

New Registered Office Address:

680 NE 64th Street, A 107

Enter Florida street address

Miami

Florida

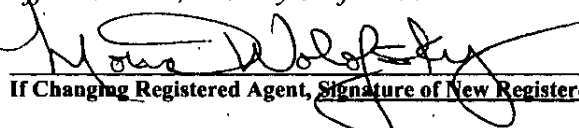
33138-6252

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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

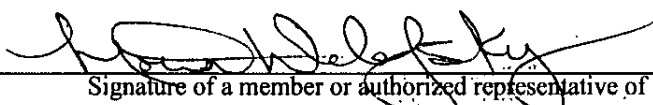
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WOLOFSKY, MOIRA	680 NE 64th Street, A 107 Miami, Florida 33138-6252	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FIORE, MOIRA J.	150 Bradley Place #611 Palm Beach, Florida 33480	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 APR 18 2012

FILED

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

Dated April 11, 2012



Signature of a member or authorized representative of a member

MOIRA WOLOFSKY, MGRM

Typed or printed name of signee