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SECRETARY OF STATE
AND ARRESTED, FLORIDA

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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor		
corres to		OGURT OF ORLANDO LLC	
SUBJ	ited Liability Company		
The er	closed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please	return all correspo	ndence concerning this matter	to the following:
		JOSE A MAUCO	
			Name of Person
		FROZEN YOGURT OF O	RLANDO LLC
	Firm/Company		
	8		
	Address		
			City/State and Zip Code
		E-mail address: (	to be used for future annual report notification)
For fu	rther information c	oncerning this matter, please ca	ail:
JOSE	MAUCO		407 970-3824 \(\overline{\rightarrow} \cdot \varphi \)
	Name o	f Person	at () 970-3824 PS S S S S S S S S S S S S S S S S S S
Enclos	sed is a check for th	ne following amount:	SEC TO
<b>■</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee  Certificate of Status &  Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 ssee, 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

FROZEN YOGURT OF ORLANDO L		
(Name of the Limited I (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi		and assigned
Florida document number L1400024561	·	
his amendment is submitted to amend the followi	ing:	
a. If amending name, enter the new name of th	e limited liability company here:	
MTJ ENTERPRISE, LLC		
he new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
Principal office address MUST BE A STREET A	ADDRESS)	
		-
		<del></del>
Enter new mailing address, if applicable:	<del></del>	
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
	•	
3. If amending the registered agent and/or	registered office address on our records,	enferthe mame of the ne
egistered agent and/or the new registered office		
		ARE OC
Name of New Registered Agent:		938 1-1
Nume of New Registered Argent.		
New Registered Office Address:		
	Enter Florida street address	ട്ട് ഗ
	, Flori	
<del>-</del>		Zin 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 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>Address</u> **Type of Action** <u>Name</u> **Title** □ Add ☐ Remove \_\_\_\_ □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add Remove Change Remove \_□ Change  $\square$  Add □ Remove \_□ Change

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ffective date, if other than the	date of filing:	(optional) f filing or more than 90 days after filing.) Pursuar	nt to 605 02
lote: If the date inserted in this blo ocument's effective date on the De	ck does not meet the applicable stat	utory filing requirements, this date will not	be listed a
e record specifies a delaved	effective date, but not an ef	fective time, at 12:01 a.m. on the	earlier
The 90th day after the reco		Total a sime, at abioa aim on the	
october 09	, 2015		
M			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00