L14000196005

(Re	equestor's Name)	
(Ac	idress)	
(Ac	Idress)	
<u>.</u> (Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bi	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700279074617

700279074617 11/13/15--01013--002 **25,00

ZOIS NOV 13 A 10: 59
SECRETARY OF STATE

NOV 1 6 2015

3 MASON

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	MJT T Con	sulting LLC		
		Name of Limi	ted Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Matthew J. Thorn		
			Name of Person	
		MJT T Consulting LLC		
			Firm/Company	
		3317 NW 10th Terr Suite 4	06	
		48	Address	
		Ft. Lauderdale, FL 33309		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		thom.j.matthew@gmail.com		
		E-mail address: (t	o be used for future annual report notifi	cation)
For fu	erther information c	oncerning this matter, please ca	ill:	
Matth	new Thorn		561 609-8335	
	Name o	f Person		Telephone Number
Enclo	sed is a check for th	ne following amount:	•	
= \$2	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

MJT T Consulting LLC		23
(Name of the Limited Liab (A Flor	ility Company as it now appears on our ida Limited Liability Company)	records.
The Articles of Organization for this Limited Liability	Company were filed on December 2	29th 2014 and askipned
Florida document number L14000196005		F S T D
The Articles of Organization for this Limited Liability Florida document number L14000196005 This amendment is submitted to amend the following:): 5 9): 5 9
A. If amending name, enter the new name of the li	mited liability company here:	
MJT Consultants LLC		
The new name must be distinguishable and contain the words "L	imited 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 AD)		
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or reg		ecords, enter the name of the new
registered agent and/or the new registered office ac	<u>ldress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, 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 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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	THORN, C.R. G	20 TAM O SHANTER LANE	Add
		BOCA RATON, FL 33431	Remove
		·	Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
·		LAHAD BEE. TEORIG	Remove Change Change Remove
			☐ Change

micading any other information,	enter change(s) here: (Attach additional	sneets, ij necessary.j

<u></u>		
		real and the second of the second of the second field of the second of t
		
		
 		
ective date, if other than the date	e of filing: NOVEMBER 10TH 2015	(optional)
te: If the date inserted in this block of	pecific and cannot be prior to date of filing or more to loes not meet the applicable statutory filing re-	
cument's effective date on the Depart	ment of State's records.	
record specifies a delayed eff The 90th day after the record	ective date, but not an effective time is filed.	e, at 12:01 a.m. on the earlier
NOVEMBER 10TH	2015	
$\overline{\mathcal{M}}$	\mathcal{D}_{-}	
y / / Sign:	ature of a member or authorized representative of a	Tourners were I
Matthew J. Thom	•	SSA -
Manufacture J. 1110111	Typed or printed name of signee	
		DO: E
	Page 3 of 3	59 RIBA

Filing Fee: \$25.00