14000196005

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D. SCOTT MAR 1 3 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2017

MATTHEW J THORN 20 TAM O SHANTER LANE BOCA RATON, FL 33431

SUBJECT: MJT T CONSULTING LLC

Ref. Number: L14000196005

We have received your document for MJT T CONSULTING LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Registered Agent on document doesn't match name on sunbiz.org.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 817A00003810

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FILED

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**SECRETARY OF STATE
TAILANASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MJTT CONSULTING 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:
Cice Conzaler Name of Person
MJTT Consulting LLC Firm/Company
20 Tan O Shanter In
Boca Ration Fl. 33131 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cice 6 chales at 786 423 5459 Name of Person at 786 Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Status Status Scriffied Copy (additional copy is enclosed) \$30.00 Filing Fee Scriffied Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Scriffied 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**

MJTTT	Consultinal(C
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1400196	
This amendment is submitted to amend the following:	submitted to amend the following: ame, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." and offices address, if applicable: didress MUST BE A STREET ADDRESS) g address, if applicable: MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here:
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	Tiss =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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>	Address	Type of Action
Powner	C.R.Gonzalez Thorn	3317 NW 10th Terrace	<u></u> □ Add
		3317 NW 10th Terrace Suite 406, 74 kuderdale fl 33309	Remove
			☐ Change
<u></u>			D Add
			Remove
			Change
			D Add
		MILLANA	FRemove
			□ Add ==
			Remove
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ctive date, in	f other than the o	late of filing	cannot be pri	or to date of fi	ling or more that	option	nal) iling.) Pursuant to 605.0
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Filing Fee: \$25.00