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SECRETARY OF STATE FALLAHASSEE, FLORIDA

N COOPER APR 27 2018

## **COVER LETTER**

TO: Registration Se Division of Co			
MJ TALEN			
30th/CC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARJORIE ACOSTA		
		Name of Person	
		Firm/Company	
	10030 HAMMOCK BOUL	LEVARD. STE 104-3	
		Address	
	MIAMI, FL 33196		
		City/State and Zip Code	
	dominicancpa@aol.com		
	E-mail address: ()	to be used for future annual report notifi	ication)
For further information o	oncerning this matter, please ca	all:	
JESUS M QUINTERO		305 450-5222 at () Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

MJ TALENT LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L15000200306</u>	y were filed on 12/01/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>z</del> A
(Principal office address MUST BE A STREET ADDRESS)		LAHASS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Y OF STATEER. FLORE
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		nter the name of the new
	_	
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	. Florid	la
<del></del>	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>	Address	Type of Action
AMBR	JESUS M QUINTERO	16860 SW 1st Street	
		Pembroke Pines. FL, 33027	■ Remove
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ective date, if other than the date of filing:	(optional) or more than 90 days after filing.) Pursuant to 605.0
te: If the date inserted in this block does not meet the applicable statutory frument's effective date on the Department of State's records.	lling requirements, this date will not be listed
record specifies a delayed effective date, but not an effectiv he 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
ed April 23 2018	
Mayon A 11	
Signature of a member or authorized representat	ive of a member

Page 3 of 3

Filing Fee: \$25.00