

L04000044/70

(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



500188790105

12/20/10--01021--008 \*\*30.00

RECEIVED  
TALLAHASSEE, FLORIDA  
2010 DEC 20 PM 1:35

FILED

J. SAULSBERRY  
EXAMINER  
DEC 21 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Benekids, 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:

M. Michael Samanipour  
Name of Person  
MJS, LLC.  
Firm/Company  
9215 Ruger Dr.  
Address  
New port Richey, FL 34655  
City/State and Zip Code  
samanipour@msn.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
TALLAHASSEE, FLORIDA  
2010 DEC 20 PM 1:35

FILED

For further information concerning this matter, please call:

M. Michael Samanipour at ( 727 ) 236-3979  
Name of Person Area Code & Daytime Telephone Number

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**

Benekids, 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 August 26, 2004 and assigned  
Florida document number L040000440170.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MJS, LLC.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2004 DEC 20 PM 1:35	SECRETARY OF STATE TALLAHASSEE, FLORIDA

P.O. BOX 3075  
Holiday, FL 34692

**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:

New Registered Office Address:

9215 Ruger Dr.

*Enter Florida street address*

New Port Richey

, Florida

34655

*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	Jason D. Samanipour	9918 Whitworth Ct. New Port Richey, FL 34653	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sheena P. Samanipour	5256 W. Kennedy Blvd. Tampa, FL 33609	<input checked="" 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2010 DEC 20 PM 1:35  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

Dated 16th day of December, 2010.

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
M. Michael Samanipour  
\_\_\_\_\_  
Typed or printed name of signee