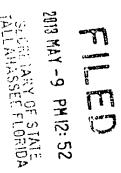
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Sect Division of Corpe			
SUBJECT: MJS,	LLC.		
SUBJECT:		ted Liability Company	
•			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	M. Michael S	Samanipour	
-		Name of Person	
	MJS, LLC.		
	-	Firm/Company	
	P. O. Box 54	13	
		Address	
	Name David Dialage	City/State and Zip Code	
	New Port Richey,	, FL 34656 o be used for future annual report notification	on)
For further information con	ncerning this matter, please ca		
M. Michael S		727 ₃ 75-3420	O AHAY-
Name of P	'erson	Area Code & Daytime Te	lephone Number SS
Enclosed is a check for the	following amount:		F STATI
□ \$25.00 Filing Fee	D830.00 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

MJS, LLC.			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	
	o a lune 4	th 2004	
The Articles of Organization for this Limited Liability	Company were filed on our of	111, 2004 at	nd assigned
Florida document number L04000044170	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and end with the ward.L.L.C."	vords "Limited Liability Company," t	he designation "LLC" o	r the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
		<u> </u>	2
			ES HA
Enter new mailing address, if applicable:			< rames
(Mailing address MAY BE A POST OFFICE BOX)		SSE SSE	9
		<u> </u>	2 11
	**************************************		2 C
B. If amending the registered agent and/or reg	istered office address on our r	ecords, enter the na	one of the nev
registered agent and/or the new registered office ac	<u>ldress here</u> :		
N. CN D. LA			
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 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> **Address Type of Action** 2332 Overview Dr Sheena P Samanipour New Port Richey, FL 34655 Remove Remove Remove Add Remove

). If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
•	
. –	
_ 5/6	6/2013
	cen. Q
	Signature of a member or authorized representative of a member
	M Michael Samanipour
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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