L04000044170

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only Glater Liph Hollo #)
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COVER LETTER

TO:

Registration Section :
Division of Corporations

SUR IFCT.

MJS, 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

P.O. Box 543

Address

New Port Richey, FL 34656

City/State and Zip Code

samanipour@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. Michael Samanipour

727,375-3420

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

FILED

2018 HAY TO AN II: 47

ŠECRETARY OF STATE TALLAHASSEE, FLORIDA

MJS, LLC	LALLAHASSEE, FLORIDA
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing L0400044170 L0400044170	any were filed on June 4th, 2004 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be	office 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:

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.

City

Zip Code

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 **Type of Action** Address **Title** <u>Name</u> 9918 Withworth Ct. Jason D Samanipour mgrm New port Richey, FL 34655 Remove

Remove

•	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
5	<u>-6-2013</u> ,
	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

