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TALLAHASSEE, FLORIDA



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2016

MARK J SOUTHWICK SR RHINO CUSTOM HOMES LLC 1317 NE 16 PLACE CAPE CORAL, FL 33909

SUBJECT: MJS BUILDERS, LLC Ref. Number: L05000121068

We have received your document for MJS BUILDERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

YOUR COMPAMPANY IS INACTIVE

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.

Letter Number: 216A00023341

Shelia H Young Regulatory Specialist II 16 OCT 28 PH 3: 53

www.sunbiz.org

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: MJS BULDERS 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:
MARK J SOUTHWRK 5R
Rhive Custon Hours LL
1317 NE 16 PLACE 5
CAPE CORAL FC 33909  City/State and Zip Code  MJSBULDEDSD 4 HOO. COM  E-mail address: (to be used for future alnual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MANUE J Southwest St at (941) 249-2694  Name of Person at (941) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (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

M JS BUILDES ( Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 05000 12106 &amp;</u>	were filed on $20^{-}20^{-}200^{-}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  RNSNO COS 704 HOUSS  The new name must be distinguishable and contain the words "Limited Liabileter Costs of the limited liabileter l	LLC
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1317 NE 16 PCACE  CAPE CORAL 5 200  FL 33909 3 200
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1317 NE 16 PLACE BERGE CAPE GRAL WILLIAM STATES OF STATE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	5 SOUTHWICK SR
New Registered Office Address: 1317	NE 16 PL Enter Florida street address
CAPS CO	City , Florida 33979 Zip Code
New Degistered Agent's Signature if shanging Degistered Agents	

### 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.

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>	2	Name		Address	Type of Action
MANAG	EK_	MARK JSO	<u>unn</u> ces	2 1317 NE 16P	<b>X</b> Add
				CAPZ COKA	□ Remove
				FL 33909	Change
7MBR	_ =	ASON BOO	KW	3504 PECCAN BLUD	Add
				CAPE CORAL	□ Remove
				FL 33914	Change 50
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f an ef <b>Note:</b>	tive date, if other than the date of filing:  [coptional]  Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records.	o 605.0207
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ee 90th day after the record is filed.	arlier of:
Dated	10-26 2016	
	Mark Jointerel SR	

Page 3 of 3

Filing Fee: \$25.00