

L060000015255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

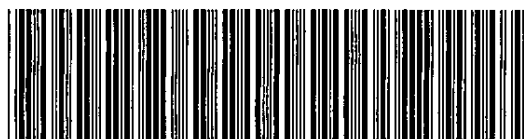
Special Instructions to Filing Officer:

A. LUNT

MAY 28 2008

EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY 23 P 1:59

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MS4 INDEPENDENT LIVING 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:

JEAN MILICE
(Name of Person)

MS4 Multi Services & Investment
(Firm/Company)

750 WETHERBORN PLACE
(Address)

STONE MOUNTAIN GA 30083
(City/State and Zip Code)

2009 MAY 23 P 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JEAN MILICE at (970) 755-5063
(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**

MJA INDEPENDENT LIVING 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 2-9-2006 and assigned Florida document number 206000015255

This amendment is submitted to amend the following:

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

MJA MULTI-SERVICES & INVESTMENT 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)

750 WETHERBORN PLACE
STONE MOUNTAIN GA 30083

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

750 WETHERBORN PLACE
STONE MOUNTAIN GA 30083

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:

JEAN MILICE

New Registered Office Address:

4544 COLLEGE DRIVE

(Enter Florida street address)

Orlando

(City)

Florida

32811

(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

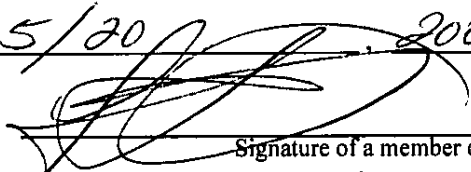
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---|
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FEI NUMBER 42-1693579
NEW FEI NUMBER 02-0574673

Dated

5/20/2008



Signature of a member or authorized representative of a member

JEAN MILICE

Typed or printed name of signee

FILED
2008 MAY 23 PM 1:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE