L07000011038

(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



500240224155

10/03/12--01013--018 **30.00

HILEU 12 OCT -3 PH 2:50 SLORLIARI OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUBJECT:	MJ DEVE	LOPMENT LLC			
SUBJECT:		ted Liability Company	 		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all correst	condence concerning this matter	to the following:			
Troube recent an eerroep					
	ĸ	CATHERINE EIDMAN			
	-	Name of Person			
	Firm/Company				
	15 HARGROVE LN #2 L Address				
	PA	LM COAST, FL 32137			
	INFO@	City/State and Zip Code			
	E-mail address: (ARCTICBREEZEAIR.COM to be used for future annual report notific	ation)		
For further information	concerning this matter, please of	zall:			
	HERINE EIDMAN	at (46-8894		
Namc	of Person	Area Code & Daytime	relephone Number		
Enclosed is a check for	_				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURIE Registration Section			
		Division of Corpora Clifton Building			
	hassee, FL 32314	2661 Executive Cen			
		Tallahassee, FL 323	O1		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.

12 OCT -3 PM 2: 50

MJ	DEVELOPMENT LLC	s on our records.	<u> </u>
(Name of the Limited Li (A Fl	ability Company as it now appear orida Limited Liability Company)	s on our records.	EE, FLORIDA
The Articles of Organization for this Limited Liab	ility Company were filed on	01/30/2007	and assigned
Florida document numberL0700001103			
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Compa	nry," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Fn	ter Florida street add	ress
	, Florida		
	City	, rivi iua	Zip Code
NO DE LA LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DELA COMPANIA DE LA COMPANIA DELA COMPANIA DELA COMPANIA DELA COMPANIA DELA COMPANIA DELA COMPAN	4-A3 AA-		

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
MGRM	JOHN G EIDMAN II	5 BUDSHIRE LANE PALM COAST, FI 32137	Add Remove
<u>MGRM</u>	KATHERINE A EIDMAN	61 BICKFORD DRIVE PALM COAST, FL 32137	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter o	change(s) here: (Attach additional sheets, if necessar	y.)
			12 OCT -3 PM
Dated	SEPTEMBER 28	2012	2: 50 STATE FLORIDA
	Signature of a m	MARK D EIDMAN	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		Typed or printed name of signee	<u> </u>

Page 2 of 2

Filing Fee: \$25.00