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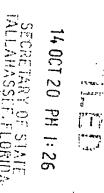
(Reque	estor's Name))	
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(City/S	State/Zip/Phor	ne #)	
PICK-UP	WAIT	_ [MAIL
(Busin	ess Entity Na	me)	
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Certified Copies	Certificate	es of Sta	atus
Special Instructions to Fili	ng Officer:		
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J. Shivers OCT 22 2014

COVER LETTER

то:			ation Son of Cor	ection porations			•	
<	CUT	Ν	1&J	PROPERT	IES, I	LC		
SUBJE	CI;					iability Company		
The end	closed	Ar	ticles of	Amendment and fee(s)	re submitte	ed for filing.		
Please i	return	all	correspo	ondence concerning this	matter to the	e following:		
				JORGE I	. MOI	NSALVE		
						Name of Person		
				M&J PRO)PER	RTIES, LLO	0	
						Firm/Company		
				10451 66	STH S	ST N		
						Address		
				PINELLA	S PA	RK FL 33	782	
					Ci	ty/State and Zip Code		
				jmonsalve@		etworks.com used for future annual r	and notification	
0						used for future autuar i	epore nonneano	'II' <i>)</i>
For fun	ther ir	1f01	mation	concerning this matter, p	lease call:	_	_	
Jor	ge	L	. Mc	onsalve		a _t 813, 9	18-841	7
			Name	of Person		Area Code	Daytime Tele	phone Number
Enclose	ed is a	ch	eck for t	the following amount:				
s 25	5.00 F	'ilir	ig Fee	□ \$30.00 Filing Fee Certificate of St		\$55.00 Filing Fee & Certified Copy (additional copy is encl		□ \$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

M&J PROPERTIES, LLC	ad Liability Campa	ny ac it now annears an our re	cords)		
(Name of the Lando	(A Florida Limited I	ny as it now appears on our re Liability Company)	<u>C91 U.S.</u> /		
The Articles of Organization for this Limited Li Torida document number <u>L07000019100</u>	ability Company	were filed on 02/19/200	7	and ass	igned
his amendment is submitted to amend the follo	owing:				
. If amending name, enter the new name of	the limited liab	ility company here:			
he new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation	"LLC" or the	e abbreviation "	L.L.C."
Enter new principal offices address, if applic	able;				
Principal office address MUST BE A STREE	T ADDRESS)	10451 66TH ST N			
		PINELLAS PARK F	L 33782		
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE.	BOX)	10451 66TH ST N			
The state of the s	<u> </u>	PINELLAS PARK F	L 33782		
3. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	**		ords, <u>ente</u>	er the name	of the
	10451 66TI	H ST N	-		
New Registered Office Address:	107010011	Enter Florida street a	ddress	25 25 20 28 28 28 28 28 28 28 28 28 28 28 28 28	(3, (5-67) (662257
	PINELLAS	PARK	, Florida	33782 ₹	M
	Da-1-4 1 A 1	City		SS N	-
New Registered Agent's Signature, if changing I				5 o	_

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
ΜR	MICHAEL E BARGER, JR	11286 47TH ST	Add
		CLEARWATER, FL 3376	2 ■ Remove
		TITLE MGRM	····
MR	JORGE L MONSALVE	10451 66TH ST N	
		PINELLAS PARK FL 33782	2 □ Remove
		TITLE MGRM	
			Add
			Remove
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			_□ Add
			_□ Remove

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	of filing: ior to date of receipt or filed date and cannot be more than 9 partment of State)	(optional) 0 days after
ective date, if other than the date of effective date must be specific, cannot be pr date this document is filed by the Florida De ed OCTOBER 15		(optional) 0 days after
date this document is filed by the Florida De	partment of State)	(optional) 0 days after
ed OCTOBER 15	partment of State) 2014 Journal The of a member or authorized representative of a member	

Page 3 of 3

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TALLAHASSEE, FLORIU