L090000/8550

(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)			
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DIVISION OF CORPORATION

T. HAMPTON

MAY 1 4 2009

EXAMINER

COVER LETTER

SURJECT: MJW E	NTERPRISES LLC			
30B3ECT		nited Liability Company)		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	MARLON JOHN			
		(Name of Person)		
	MJW ENTERPRISES LL	_C		
		(Firm/Company)	······································	
	540 NW UNIVERSITY BLVD			
		(Address)		
	PORT ST LUCIE, FL 349			
		(City/State and Zip Code)		
For further information of	concerning this matter, please c	call:		
MARLON JOHN		at (772) 342-8164		
(Name	of Person)	(Area Code & Daytime T	'elephone Number)	
Enclosed is a check for t	he 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)	
35177	INC ADDRESS	O'ED FOR (COVED TO	APPRESS	

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

MJW ENTERPRISES LLC (Name of the Limited L) (A F)	iability Compar Iorida Limited L	ny as it now appears on on ability Company)	our records.)	
The Articles of Organization for this Limited Liab Florida document number NEW-REF# 7901443: L090000	oility Company			ssigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liabi	ility_company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company," t		abbreviation
Enter new principal offices address, if applicable:		SAME	09	NISE 3S
(Principal office address MUST BE A STREET	ADDRESS)		AAY	ORE .
			<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>9X)</u>	SAME	A# 112	ED OF STATE ORPORATIONS
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, enter the name	of the new
Name of New Registered Agent:	SAME			
New Registered Office Address:	SAME			
		(Enter F	lorida street address)	
			, Florida	
		(City)	(Zip Co	de)

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
MGQ MMBR	WILSON MEREUS	215 N 40 Street Ft Pierce Fl 34947	Add Remove
			Add Remove
	<u> </u>		Add Remove
·	_		Add Remove
<u> </u>			Add Remove
	<u> </u>		Add Remove
D. If an	nending any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF CORT OF C
			OF STATE OF STATIONS AM 11: 49
Dated _	\sim \sim	2009	
	Signature of a mo	cyped or printed name of signee Page 2 of 2 Filling Fee: \$25.00	