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COVER LETTER

gistration Section
Division of Corporations

700: /×Re

JECT:	MJ Kealty	/ LL C	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
		ook Marius J	-
		Name of Person	
		Realty LL	C
		o Frontier L.	
		Address	
	10	impa, FL 33	625
	E-mail address: (to	City/State and Zip Code Smookmail O o be used for future annual report i	mail. com
For further information co	oncerning this matter, please ca		wante and it
		at (83) Area Code Dayl	966-1674
Enclosed is a check for th	e 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

MJ E	Realty ILC
(Name of the Limited Liability Comp. (A Florida Limited	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 3552010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability and the limited liability and contain the words "Limited Liability and Contain the words".	$\alpha = 0$
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2019 SE(
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	APR 18 PN 5:58
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Florida
New Registered Agent's Signature if changing Davis	City 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 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 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				
Title	<u>Name</u>	Address	Type of Action	
			□ Add	
			Remove	
			Change	
			Remove	
			Change	
			□ Remove	
			☐ Change	
			Remove	
			Change	
			Change	
,				
			Remove	
			∏ Change	

. amen	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
n effecti i <u>te:</u> If t	late, if other than the date of filing: c 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 605.020 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
recor	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
he 90	h day after the record is filed.
ed	4/14/19
	MANDOL
	Studentiare of a member or authorized representative of a member
	SMOOK MARIUS J.
	Typed or printed name of signee

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Filing Fee: \$25.00