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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	22480	DUTHISLAND			
	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		Lily Sarshalom			
		Name of Person			
		MJG18, LLC			
		Firm/Company			
	1835 NE Miami Gardens Drive				
		Address			
	North	n Miami Beach, FL 3317	9		
		City/State and Zip Code			
	Si	arshalita@gmail.com			
		•	notification)		
For further information c	concerning this matter, please c	all:			
	y Sarshalom	at (_786)	554-3122		
Name o	f Person	Area Code & Day	ytime Telephone Number		
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	✓ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAIL	ING ADDRESS:	STREET/COI	URIER ADDRESS:		
Registr	ration Section	Registration Se	ection		
	on of Corporations ox 6327	Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

	224SOUT				
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appea Liability Company)	rs on our records.)		•
The Articles of Organization for this Limited Li	ability Company	were filed on	June 09 2010	and assig	gned
Florida document numberL10000061	<u>784 </u> .				
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :		
		18 , بيد			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Comp	any," the designation "L	LC" or the ab	breviation
Enter new principal offices address, if applicable:		1835 NE Mia	ami Gardens Drive:	7	
(Principal office address MUST BE A STREE	T ADDRESS)	#144			
		North Miami	Beach, FL 33179	经第	
				-7	<u></u>
Enter new mailing address, if applicable:		1835 NE Mia	ımi Gardens Drive		П
(Mailing address MAY BE A POST OFFICE BOX)		#144		51 S1	D
		North Miami	Beach, FL 33179	37	
B. If amending the registered agent and/oregistered agent and/or the new registered off			our records, <u>enter th</u>	ne name of	the new
Name of New Registered Agent:	Lily Sarshale	om			
Name of New Registered Agent.					
New Registered Office Address: 1835 NE Miami Gardens Drive #144 Enter Florida street addr					
	North	Miami Beach, City	, Florida	33179 Zip Code	
New Designand Agent's Signature if shouging D		Cuy		Zip Code	

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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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	Lily Sarshalom	1835 NE Miami Gardens Drive #144 North Miami Beach Elorida, 33179	Add Remove
MGR_	Lily Sarshalom	1835 NE Miami Gardens Drive #144 North Miami Beach Elorida, 33179	Add Remove
MGRM	ADA TRUST	1835 NE Miami Gardens Drive #144 North Miami Beach, Florida, 33179	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
_			
	March 3	2011 / .	
Dated	Class	E	
	Signature of a memb	per or authorized representative of a member	
	Typo	Paul Fraynd ed or printed name of signee	·
	-7 f		

Page 2 of 2

Filing Fee: \$25.00