

L10000114035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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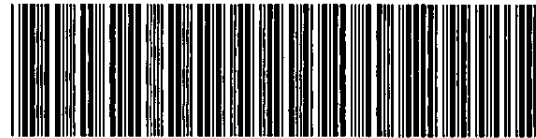
(Business Entity Name)

(Document Number)

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2017 JUN 13 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
JUN 14 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MJA TRUST, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VINCENZO N. GUSMANO

Name of Person

MJA TRUST, LLC

Firm/Company

751 Pine Meadows Road

Address

Orlando FL 32825

City/State and Zip Code

vnngusmano81@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vincenzo N. Gusmano

616 970-5577
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

MJA TRUST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/02/2010 and assigned
Florida document number L10000114035.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida**
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Matthew J. Gusmano	4986 Rabama Place	<input type="checkbox"/> Add
		Orlando FL 32812	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Jacob V. Gusmano	05231 Camp Daggett	<input type="checkbox"/> Add
		Boyne City, MI 49712	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Alana R. Gusmano	05231 Camp Daggett	<input type="checkbox"/> Add
		Boyne City, MI 49712	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VINCENZO N. GUSMANO	751 Pine Meadows Rd.	<input checked="" type="checkbox"/> Add
		Orlando FL 32825	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated JUNE 3 / 0 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MATTHEW J. GUSMANO

Typed or printed name of signee