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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I2012000051 Phone : (305)937-7773 Fax Number : (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: JOOLON @ BCILEY WEACH COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M.J HOLDINGS 2011 LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | U |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| M.J HOLDINGS 2011 LLC | |
|---|-------------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | |
| · · · · · · · · · · · · · · · · · · · | d |
| (Name of the Limited Liability Company as it now appears on our records.) (A Plorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JUNE 24, 2011 | |
| 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 "L.L.C" 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) | |
| | <u></u> |
| | gistered |
| Name of New Registered Agent: | |
| New Registered Office Address: Enter Florida street address | |
| Flavido | |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> | Name | Address | Type of Action |
|--------------|---|----------------------|----------------|
| MGR | ISRAELI , MEIR | 4016 NE 22ND AVE | DbAd |
| | | CAPE CORAL, FL 33909 | |
| | | | ⊠Change |
| MGR | BLITSHTEIN, YAAKOV | 4016 NE 22ND AVE | □Add |
| | | CAPE CORAL, FL 33909 | □Remove |
| | | | |
| <u> </u> | *** * ********************************* | | □Add |
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| t an effective date is listed. The date must | date of filing: | 207 Las |
| record specifies a delayed effective d is filed. | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after (| he |
| SEPTEMBER 6 | 2022 | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 1.) | |
| - YAA | Signature of a member or authorized representative of a member | |
| ; | | |
| YAAKOV BLITSHTED | \ | |

Filing Fee: \$25.00