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D. BRUCE
DEC 12 2012
EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SURJECT: Majestix Enterprises, 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:

Jeanette Rodriguez

Name of Person

Majestix Enterprises, LLC.,

Firm/Company

1000 East Carroll Street

Address

Kissimmee, FL 34744

City/State and Zip Code

majestixenterprises@yahoo.com

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

For further information concerning this matter, please call:

Jeanette Rodriguez

407 870-2080

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 OF

Majestix Enterprises, LLC.,		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our r imited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L1200012286</u> 2	ompany were filed on 09/21/2012	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the de	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
	City,	Florida Zip Code
	c_{ny}	Lip Coue

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
MGRM	Francisco Rios	2910 Vienna Lane	Add
		Kissimmee, FL 34744	Remove
	<i>,</i>		
			Add
			Remove
**************************************	·		Add
			Remove
			Add
			Remove
			Add
			Remove
			_
·			Add
			Remove
			_

. If amending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)
December 7	2012
	, (·)
Jeanelle (Lougus!
Signature of	a member or authorized representative of a member
// Jeanette Rodriguez	00
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00