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SECRETARY OF STATE

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R MASON

COVER LETTER

то:	Registration S Division of Co			
SUBJE	CCT:	MALJUT	T LLC.	
0020			ited Liability Company	
The en	closed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please	return all соттеsр	ondence concerning this matter	to the following:	
		_Susain_C	Name of Person Neme of Person Pemen Consulti	
		Susie Cl	nemen Consulti	ng 11c.
		20225 No	= 34th.ct.#	2316
		Suchema F-mail address: (1	City/State and Zip Code. Choty M. Cook obe used for future annual report notification.	✓✓ (cation)
For furt	her information	concerning this matter, please ca		
9	Susan	chemen	at (205) 169-	6873
_	Name	of Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for t	he 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

MALJUI	LC.		
(Name of the Limited Liability (A Florida L	Company as it now appe imited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number 12000136319	mpany were filed on _	10/25/2012. ar	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the	designation "LLC" or the abbreviati	ion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		n our records, enter the na	ame of the new
New Registered Office Address:			
The Manager of the Ma	Enter Fl	orida street address	
		, Florida	
N. P. I. J. M. G. J. B. J. B. J. J. J. B. J. J. J. J. B. J.	City	Zip	Code
New Registered Agent's Signature, if changing Registered A	<u>lgent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	pplete performance on the state of the state	of my duties, and I am familia Chapter 605, F.S. Ox if this eby confirm that the Enited li	r with and document is inhility
•	n Onanging Registeren A	gent, Signature of New Registered	- P.

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> 1 itie</u>	Name	Address		Type of Action
AMBR	THREE FlowERS	GROUP 18201.	Collins AVE.	Add
		GROUP 18201 #3607-	Sunny Islen- Fl	□ Remove
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4.	ve date, if other than the date o ctive date is listed, the date must be spec	f filing:	opti or more than 90 days after	i onal) er filing.) Pursuant to 605
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