## 114000074118

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            | ·           |
| (Ad                     | dress)            |             |
| (Cit                    | ry/State/Zip/Phon | e #)        |
| PICK-UP                 | WAIT              | MAIL        |
| (Ві                     | isiness Entity Na | me)         |
| (Do                     | ocument Number    | )           |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   | i           |
|                         |                   |             |
|                         | ····              |             |



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OCT 2 2 2014

S. YOUNG

## **COVER LETTER**

| TO:       | Registration Se<br>Division of Cor |   | ,  |   |
|-----------|------------------------------------|---|--|---|
| CUD IE    |                                    | VENTURES LLC  |  |   |
| SUBJE     | CI:                                | Name of Lim   | ited Liability Company   |   |
| The enc   | losed Articles of                  | Amendment and fee(s) are sub  | mitted for filing.   |   |
| Please re | eturn all correspo                 | ndence concerning this matter   | to the following:  |   |
|           |                                    | MARYAM JAVE   | D  | SECRETARILY   |
|           |                                    |   | Name of Person   |   |
|           |                                    | MJ5786 VEN  | TURES LLC  | 10 to |
|           |                                    |   | Firm/Company   |   |
|           |                                    | 5786 SUGARC   | ANE LN   |   |
|           |                                    |   | Address  |   |
|           |                                    | LAKE WORTH,   | FL 33449   |   |
|           |                                    | DRMKHAN8@   | City/State and Zip Code  |   |
|           |                                    | •   | to be used for future annual report notification)  |   |
| For furt  | her information c                  | oncerning this matter, please c   | all:   |   |
| MARY      | 'AM JAVED                          |   | 561 5065740  |   |
|           | Name o                             | f Person  | Area Code Daytime Teleph   | one Number  |
| Enclose   | d is a check for th                | ne following amount:  |  |   |
| \$25      | .00 Filing Fee                     | □ \$30.00 Filing Fee &<br>Certificate of Status                                   | □ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)                                      | 1 \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed)   |
|           | Registr<br>Divisio<br>P.O. Bo      | ING ADDRESS:<br>ation Section<br>on of Corporations<br>ox 6327<br>assee, FL 32314 | STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir |   |

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MJ5786 VENTURES LLC (Name of the Limited Liab (A Flor  | oility Company as it now appears on our recording Limited Liability Company) | rds.)                            |
|--|--|----------------------------------|
| The Articles of Organization for this Limited Liability Florida document number L14000074118   | Company were filed on  | and assigned                     |
| This amendment is submitted to amend the following:  |  |                                  |
| A. If amending name, <u>enter the new name of the li</u>                                       | mited liability company here:  |                                  |
| N/A  |  |                                  |
| The new name must be distinguishable and end with the words "                                  | Limited Liability Company," the designation "L                               | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                                  |
| Principal office address MUST BE A STREET AD   | DRESS) N/A   |                                  |
|  |  | <u> </u>                         |
|  |  | [74]                             |
| Enter new mailing address, if applicable:  |  |                                  |
| Mailing address MAY BE A POST OFFICE BOX)  | N/A  |                                  |
|  |  |                                  |
|  |  |                                  |
| B. If amending the registered agent and/or registered agent and/or the new registered office a |  | ds, enter the name of the nev    |
| Name of New Registered Agent:  |  |                                  |
| New Registered Office Address:   | N/A  |                                  |
|  | Enter Florida street addr  | ess .                            |

## 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

Florida

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

| <u>Title</u> | <u>Name</u>   | Address              | Type of Action |
|--------------|---------------|----------------------|----------------|
| MGR          | SHAHZAD KHAN  | 5786 SUGARCANE LN    |                |
|              |               | LAKE WORTH,FL 33449  | Remove         |
| MGR          | SALEEM AKHTAR | 5786 SUGARCANE LN    | ■ Add          |
|              |               | LAKE WORTH, FL 33449 | □ Remove       |
|              |               |                      |                |
|              |               |                      | ☐ Remove       |
|              |               |                      |                |
|              |               |                      | □ Remove       |
|              |               |                      |                |
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|              |               |                      | Remove         |

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|   | NIA:   |
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| effective date must be spe  | than the date of filing: 10/25/2014 (optional) recific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after d by the Florida Department of State) |
| e effective date must be spe<br>e date this document is filed<br>OCT 16TH | than the date of flung: (optional)   |
| effective date must be spe<br>date this document is filed<br>OCT 16TH     | crific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after d by the Florida Department of State)   |
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Filing Fee: \$25.00