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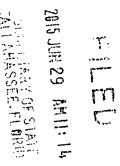
(F	Requestor's Name)	
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K.SALY EXAMINER JUL -1 2015

COVER LETTER

TO: Registration Se Division of Cor			
EJMJ Indu			
SUBSECT:		ed Liability Company	
	Amendment and fee(s) are submondence concerning this matter to	-	
	Tony Maiorca		
		Name of Person	
	EJMJ Industries LLC		
		Firm/Company	
	6820 Lyons Technology Pa	rkway, Suite 225	
		Address	
	Coconut Creek, FL 33073		
		City/State and Zip Code	
	tonym@inssoldirect.com E-mail address: (to	be used for future annual report notifi	cation)
For further information of	concerning this matter, please car		
Tony Maiorca		954 278-8744 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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

2015 JUN 29 AM II: 14

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EJMJ Industries LLC

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

The Articles of Organization for this Limited Liability Companies Florida document number L15000096006	ny were filed on June 1, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility 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 registered agent and/or the new registered office address he	office address on our records, <u>e</u> re:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Daniel Post	6820 Lyons Technology Parkway	□ Add
		Suite 225	■ Remove
		Coconut Creek, FL 33073	☐ Change
AMBR	Shari Post	6820 Lyons Technology Parkway	
		Suite 225	□ Remove
		Coconut Creek, FL 33073	☐ Change
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			Add D'Remove
			Change
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ective date, if other than effective date is listed, the date is: If the date inserted in this ument's effective date on the	must be specific and one of the block does not me	cannot be prior to eet the applical	date of filing or mor	(optive than 90 days after requirements, this	filing.) Pursuant to 605.020
record specifies a dela he 90th day after the i	yed effective da ecord is filed.	ate, but not	an effective tir	ne, at 12:01 a	i.m. on the earlier o
ed	,	2015			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00