## U500/45847

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## **COVER LETTER**

то:	Registration S Division of Co					
SUBJI	FCT•	Majax Holo	lings, LLC			
SODI	<u> </u>	Name of Lim	ited Liability Company			
The en	nclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
		John J. McGly				
			Name of Person			
		The Law Offic	es of John J. McGlyr	nn III, PLLC		
			Firm/Company			
	)F					
			Address			
		Stuart, Florida	34994			
			City/State and Zip Code			
		jmcglynnpl@g				
		E-mail address: (	to be used for future annual r	report notification)		
For fur	rther information	concerning this matter, please co	all:			
Jo	hn J. McGlyn	n III	at ( 772	349-5646		
	Name o	of Person	Area Code	Daytime Telephone Number	2115 APA	1
Enclos	sed is a check for t	the following amount:		>\s\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		_
<b>₽</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enci	Certificate, c	of Status & ppy py is enclosed)	<b>つ</b>
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations Box 6327 assee, FL 32314	Registrati Division o Clifton B 2661 Exe	C/COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, FL 32301		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Majax Holdi	ngs, LLC
(Name of the Limit	(A Florida Limited Liability Company)
	iability Company were filed on August 25, 2015 and assigned
This amendment is submitted to amend the follow	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>
B. If amending the registered agent and/registered agent and/or the new registered of  Name of New Registered Agent:	for registered office address on our records, enter the name of the new fice address here:  John J. McGlynn III, PLLC
······································	759 S. Federal Highway, Suite 200F
New Registered Office Address:	Enter Florida street address
	Stuart Florida 34994
	City Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:
I hereby accept the appointment as registere provisions of all statutes relative to the prope	d agent and agree to act in this capacity. I further agree to comply with the er and complete performance of my duties, and I am familiar with and

If Changing Registored Agent, Signature of New Registered Agent

Page 1 of 3

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 amending Authorized Person(s) authorized to manage,	enter the title.	<u>, n</u> ame, and	address of ea	ch person	being added
or removed from our records:					

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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