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M. MILLIGAN EXAMINER

JUN 14

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EFJA MulliServices 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:
Toger Drenes Thriving in the Black 570 Sunset Drive #768 South Miani FL 33143 City/State and Zip Code elivera @ Yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: According to the concerning this matter, please call: According to the conce
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ \$25.00 Filing Fee & \$\text{Certified Copy}\$\$ (additional copy is enclosed) \$\text{\$60.00 Filing Fee}\$\$ \$\text{Certified Eopy}\$\$ (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 THE MAN SAY OF ARTICLES OF ORGANIZATION now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number ______ (This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Title</u> **Address** <u>Name</u> 15331 6W 177th Ter - Add lliami FL Remove □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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effective date, if other than the date of effective date is listed, the date must be spender. If the date inserted in this block doment's effective date on the Departm	cific and cannot be prior to date es not meet the applicable s	e of filing or more than 90 day	(optional) ys after filing.) Pursuant to ts, this date will not be	605.0 listed
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Filing Fee: \$25.00