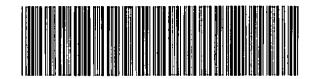
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(Re	equestor's Name)	
(Ad	dress)	
(AO	dress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(7)		
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COVER LETTER

TO:

TO: Registration So Division of Cor			
	ERPRISES LLC		
SUBJECT: Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DAVID RODRIGUES		
		Name of Person	
	RODRIGUES & ASSOCI	ATES, CPAs	
	Firm/Company		
	101 N MISSOURI AVE. SUITE #2		
	Address		
	CLEARWATER, FL 337	55	
		City/State and Zip Code	
	DRODRIGUES123@YAH		
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please e	all:	
DAVID RODRIGUES		727 439-0089	
Name o	of Person		me Telephone Number
Enclosed 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration So	ection
Division of Corporations		Division of Co	prporations
P.O. Box 632		The Centre of	
Tallahassee,	rl 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJH ENTERPRISES LLC

(Name of the Limited Li (A F)	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number $\frac{1.16000215366}{1.10000215366}$	ity Company were filed on 11/28/2016	and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
MAXWELL J. HEARD, LLC.		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A		
Enter new mailing address, if applicable:		
•		<u>=</u>
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	·	
B. If amending the registered agent and/or regist	tered office address on our records, enter the nan	ne of the new registere
agent and/or the new registered office address he		
		3
Name of New Registered Agent:		
Nov. Books and Office Address		F.3
New Registered Office Address:	Enter Florida street address	
	, Flor ida	1. 1. 5 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	, Florida City	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	<i>₩</i>
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete performance of my duties, and I am ed agent as provided for in Chapter 605, F.S. Or, stered office address, I hereby confirm that the li	familiar with and if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			
			□Remove
		<u> </u>	☐ Change
		·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change

D. If amending any other inform	nation, enter change(s) here: (Atta	ach additional sheets, if necessary.)
		
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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		<u> </u>
		
		
 		
		
	nust be specific and cannot be prior to date o block does not meet the applicable stat	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) stutory filing requirements, this date will not be listed as the
If the record specifies a delayed effect record is filed.	ive date, but not an effective time, at 1	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2021	
Mala		
1-000	Signature of a member or authorized rep	presentative of a member
MAXWELL J HEARI	D	

Filing Fee: \$25.00

Typed or printed name of signee