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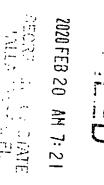
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	F Groding 1 Name of Limi	Removal Service and Liability Company	os HC
The enclosed Articles of Ai	mendment and fee(s) are subt	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Matt	Name of Person	<u> </u>
	MIF Gradi	ng & Romoval S	jenicos LLC
	1935 Ripur	NOVIVE Address	
		ex FL 33 (04) City/State and Zip Code	
	E-mail address: (1	linge amail con obe used for future annual report notif	v \ (ication)
For further information cor	ncerning this matter, please ca	all:	
Matanew Name of I			- 0642 e Telephone Number
Enclosed is a check for the	following amount:		
(DEDE DO FINING FOR	\$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		Street Address:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJF Grading &	Removal Services	ILC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	•
The Articles of Organization for this Limited Liability Company	were filed on Jan 20, 201	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
MJF Gradina LLC	,	202
The new name must be distinguishable and contain the world "Limited Liabili	ity Company." the designation "LLC" or th	
Enter new principal offices address, if applicable:	ДД	2
(Principal office address MUST BE A STREET ADDRESS)		
	$\overline{}$	E D
-		:2 EE
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the n	ame 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	
	, Florida	
	City	Zin 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 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>	<u>Address</u>	Type of Action
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effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.07 ie: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records.	n effective date is <u>te:</u> If the date i	-						
e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ument's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	n effective date is te: If the date is cument's effecti ecord specifies a	_	date, but not an e	ffective time, at	12:01 a.m. on t	he earlier of: (b) The 90th o	day after tl
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Filing Fee: \$25.00