L17000017440

| (Requestor's Name) | |
|---|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | , |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |



000295010200

02/14/17--01005--009 **25.00

TALLAHASSEE, FLORID

2017 FEB 13 PM 4: 40

FILED

Office Use Only

S Warren MAR 0 1 2017



February 15, 2017

JORGE E. AGUILAR 19527 NW 50 CT MIAMI GARDENS, FL 33055

SUBJECT: MJAD SERVICES LLC Ref. Number: L17000017440

We have received your document for MJAD SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 817A00002982

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| Div | ision of Corp | porations | | |
|----------------|-----------------|--|---|---|
| SUBJECT: | | VICES LLC | | |
| *, | · · · | Name of Limit | ted Liability Company | |
| The enclosed | l Articles of A | Amendment and fee(s) are subm | nitted for filing. | |
| Please return | all correspor | ndence concerning this matter t | o the following: | |
| | | JORGE E AGUILAR | | |
| | | | Name of Person | |
| | | THE GOOD BROTHER B | ROKERS LLC | , |
| | | | Firm/Company | |
| | | 19527 NW 50 CT | | <i>:</i> . |
| | | | Address | |
| | | MIAMI GARDENS, FLOR | RIDA 33055 | |
| | | | City/State and Zip Code | |
| | | THEGOODBROTHERBRO | OKERS@GMAIL.COM o be used for future annual report notifi | cation) |
| For further in | nformation co | oncerning this matter, please ca | | Cationi |
| JORGE E A | GUILAR | , | 786 295-2195 | |
| | Name of | Person | at () | Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| \$25.00 F | îling 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 enclose |

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

| MJAD SERVICES LLC (Name of the Lim | ited Liability Company as it now appea | ars on our records.) |
|---|---|--|
| \ | ited Liability Company as it now apper (A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited I | Liability Company were filed on $\frac{J}{J}$ | ANUARY 23, 2017 and assigned |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name | of the limited liability company b | nere: |
| he 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 appli | cable: | |
| Principal office address MUST BE A STRE | ET ADDRESS) | |
| | | SET 8 |
| Enter new mailing address, if applicable: | | _ |
| Mailing address MAY BE A POST OFFICE | <u> </u> | TATE OR OR |
| 3. If amending the registered agent and | Nor registered office address o | · · |
| registered agent and/or the new registered | | <u> </u> |
| Name of New Registered Agent: | MAYKEL CHALA | |
| New Registered Office Address: | 20100 Sw 114th Ct | |
| | Enter Flo | orida street address |
| | Miami | , Florida |
| | 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, 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 |
|--------------|--------------|---------------------------------|----------------|
| MGR | MAYKEL CHALA | 20100 Sw 114Ct, Miami, FI 33189 | ■ Add |
| | | MICHAEL CHALA | ■ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | - | | Add |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | CAHASSEE FLORID | Change |
| | | > | □ Change |

| | | |
|--|--|--|
| | | |
| | | |
| · · · · · · · · · · · · · · · | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| No. Who | | |
| | V 10 1989 BY BUT | |
| | - | |
| | | |
| | | |
| | | |
| | | |
| | · | |
| | | |
| n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department record specifies a delayed e | ate of filing: e specific and cannot be prior to date of filing or m k does not meet the applicable statutory filin artment of State's records. effective date, but not an effective t | nore than 90 days after filing.) Pursuant to 605.02 g requirements, this date will not be listed |
| | d is filed. | |
| • | | |
| FEBRUARY 8 | , 2017 | |
| FEBRUARY 8 | . 2017 | |
| ed FEBRUARY 8 | gnature of a member or authorized representative | of a member |
| ed FEBRUARY 8 | The second secon | |
| ed | The second secon | ASSET OF THE |
| ed FEBRUARY 8 | gnature of a member or authorized representative | |

Filing Fee: \$25.00