L17000245837

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COVER LETTER

TO:	Registration Se Division of Co					
SUBJI	MJS NOT	ES, LLC				
30231	BC1;	Name of Lim	nited Liability Company			
The en	iclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		JESSICA SKOGLUND M	MAZARJEGO, ESQ.			
			Name of Person			
		GILBERT GARCIA GRO	OUP, P.A.			
		·	Firm/Company			
		2313 W. VIOLET ST.				
	Address					
		TAMPA, FL 33603				
			City/State and Zip Code			
		EMAILSERVICE@GILBE				
			to be used for future annual report notif	ication)		
For fur	ther information o	concerning this matter, please c	all:			
JESSI	CA SKOGLUND	MAZARIEGO, ESQ.	813 638-8946 at ()			
	Name o	f Person		Telephone Number		
Enclos	ed is a check for t	he following amount:				
■ \$ 2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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 TO ARTICLES OF ORGANIZATION OF

MJS NOTES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/01/2017 and assigned Florida document number L17000245837 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MJS NOTES FINANCIAL, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 10312 BLOOMINGDALE AVE., STE. 108-129 Enter new principal offices address, if applicable: RIVERVIEW, FL 33578 (Principal office address MUST BE A STREET ADDRESS) 10312 BLOOMINGDALE AVE., STE. 108-129 Enter new mailing address, if applicable: RIVERVIEW, FL 33578 (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:

	Address	Type of Action
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