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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
[2]
Special Instructions to Filing Officer:





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CUBICA	MJK Proper			
SUBJECT	;		ited Liability Company	
		Amendment and fee(s) are subr	-	
Please retu	rn all correspo	ndence concerning this matter t	to the following:	
		Matthew Kaminsky		
			Name of Person	
		MJK Properties, LLC		
			Firm/Company	
		3400 N.E 192 ST Apt 302		
			Address	
		Aventura, FL 33180		
			City/State and Zip Code	
		mkaminskysales@gmail.con		
			o be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	ill:	
Matthew K	Caminsky		305 215-4244 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e 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)

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

as it now appears on our records ability Company) were filed on 01/09/18			
vere filed on 01/09/18			
		and ass	igned
ty company here:			
Company," the designation "LLC"	or the abbrevi	ation "L.	L.C."
3400 N.E 192 ST Apt 302			
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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>	Address	Type of Action
	 		Add
			□ Remove
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an he 90th day after the record is filed.		the earlier
ed 6/14/18 Matter Signature of a member or authorized		
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Page 3 of 3

Filing Fee: \$25.00