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COVER LETTER

Division of Corpor	ations		
SUBJECT: MA	IDZ PERFECTI	ON UC	
	Name of Limi	ited Liability Company	-
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
		Mame of Person	
	MAII)2DELFECTION (Firm/Company	iC
	13300 CH	Henric Blod ag	T#MV
	JAY, FL	City/State and Zip Code	
_	E-mail-address: (1	to be used for future annual report notif	Cation)
For further information conc	erning this matter, please ca	all:	
Jenny (rson	at (9U) — 9U) Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ollowing 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

TO:

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

MAJOZPERFECTION (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L180000000593</u> .	were filed on	8 21 2018 ==	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	signation "LLC" or the abbrevial	tion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			φ
			등 " n
		(2) 1. 연구	
Enter new mailing address, if applicable:		••••	
(Mailing address MAY BE A POST OFFICE BOX)		(2.5) (2.5)	75.
			1 29
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		our records, enter the r	name of the new
New Registered Office Address:	Enter Flori	du street address	
		, Florida	
	City		Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of i provided for in C	my duties, and I am familio hapter 605, F.S. Or, if this	ar with and s 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>	<u>Address</u>	Type of Action
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	
he record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	O1 a.m. on the earlier of:
Dated <u>AUGUST 28</u> . <u>208</u> .	
S. J. J. Com	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00