

L18000 214 042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

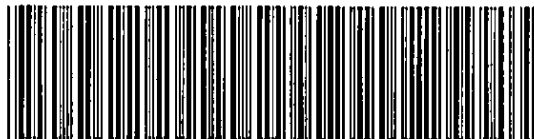
(Business Entity Name)

(Document Number)

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2019 OCT 21 PM 5:47  
FALLAHASSEE FLORIDA

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NOV 7 2019  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Xact Customs, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Meier, member  
Name of Person  
Xact Customs, LLC  
Firm Company  
87455 Old Hwy Apt 250  
Address  
Islamorada, FL 33036  
City, State and Zip Code  
xactcustoms@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Meier, member at 262 617-5718  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 32304

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

XACT CUSTOMS, LLC

FILED

(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 11/27/2018 and assigned  
Florida document number L18000274042

2018 OCT 21 PM 5:47  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MJF COLLECTIONS, LLC

The 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

X

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

X

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:

X

New Registered Office Address:

X

Enter Florida street address

City \_\_\_\_\_ Florida \_\_\_\_\_ 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.

(N/A)

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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If the record 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 record is filed.

Dated October 13, 2019.

Julie Meier, member, Xact Customs, LLC  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Julie Meier, member

Typed or printed name of signer