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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Division of C			
SUBJECT:	MJS Collaborativ	e, LLC.	
Soldier		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing	
Please return all corres	pondence concerning this matter	to the following:	
	Sylvia E. Farr	ington	
		Name of Person	
	MJS Collabora	ative, LLC.	
		Firm/Company	
	912 Channelsio	le Dr, Suite 2704	
	-	Address	
	Tampa, FL 33	602	
		City/State and Zip Code	
		ciates@gmail.com	- :-
	r-mail address (to be used for future annual report notif	ication)
For further information	s concerning this matter, please co	ıll	
Sylvia E. Fa		ar (828 _.) 242-90	002
Nam	e 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)	Ed \$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 Collaborative, 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 07/31/2019 and assigned Florida document number <u>L19000196098</u> This amendment is submitted to amend the following A. If amending name, enter the new name of the limited liability company here: MS Collaborative, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 601 N Ashley Dr. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 1100-93567 Tampa, FL 33602 601 N Ashley Dr. Enter new mailing address, if applicable: Suite 1100-93567 (Mailing address MAY BE A POST OFFICE BOX) Tampa, FL 33602 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 Elorida street address ____ Florida

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

Page 1 of 3

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Secretary of State IALEAHASSEE. Flurida 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
<u>AMB</u> R	Zonata, John	503 E Jackson St, Suite 15	<u>7</u> □ Add
		Tampa, FL 33602	Ø Remove
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tive date, if other than the date of flective date is listed, the date must be speci if the date inserted in this block does	fic and cannot be prior to date not meet the applicable s			
ment's effective date on the Departmen	it of state's records.			
ecord specifies a delayed effect e 90th day after the record is f		effective time, at	12:01 a.m. on the	earlier
August, 27	2019			
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Filing Fee: \$25.00