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COVER LETTER

TO:	Registration Se Division of Cor				
CUD IE		deling, LLC			
SUBJEC	-1i	Name of Limited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter			
		Martin K Ries Jr			
			Name of Person		
		MJS Remodeling, LLC			
		····	Firm/Company	<u> </u>	
	1098 SE Spinnaker Ave Address				
		· · · · · · · · · · · · · · · · · · ·	Address		
		Port St Lucie, FL. 34983			
City/State and Zip Code m.ries1512@gmail.com					
		E-mail address: (to be used for future annual report	t notification)	
For furth	ner information c	oncerning this matter, please ca	all:		
Martin K	K Ries Jr 772 233-2036				
	Name o	f Person	`	ytime Telephone Number	
Enclosed	l is a check for th	ne following amount:			
	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)	
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration S Division of Co Clifton Buildi	orporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJS Remodeling, 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 August 15, 2019 and assigned Florida document number 1.19000208309 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL;C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Emer Florida street address City

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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	Martin K Ries Jr		Add
			☐ Remove
	Johnna M Ries		☐ Change
MGR	Johnna W Ries		Add
			■ Remove
			Change
			
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	Signature of a member or authorized epresentative of a member	
	Signature of a member of authorized representative of a member	r

Page 3 of 3

Filing Fee: \$25.00