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(Cit	y/State/Zip/Phone	e #)
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COVERLETTER

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SHR IECT+	MJS PROY	'ECTS LLC		
50 D31X, 17		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		RAUL RÖDRIGUEZ		
			Name of Person	
		RODRIGUEZ TAX ADV	ISORY PA	
			Firm/Company	 _
		2603 SW 145 AVE		
			Address	
		MIAMI, FL 33175		
			City/State and Zip Code	
		RRODRIGUEZ(a)RTAPA.		
		E-mail address 3	to be used for future annual report no	tification)
For further in	formation c	oncerning this matter, please c	all:	
	Name o	f Person	at () Area Code Davtir	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Addres		Street Address:	
Registration Section			Registration Section	
	ision of C . Box 632	orporations 7	Division of Co The Centre of	
	ahassee, I			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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SECRET. IN UP STATE TALLAHASSEE, FL

MJS PROYECTS 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 Co	ompany were filed on 11/20/201	9 and assigned
Florida document number L19000288174	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
ORGANIZACION EMPRESARIAL MF 58 LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records	, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	1 address
		, Florida
	City	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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> or removed from our records:

or removed from our reco	<u>rds</u> :		
MGR = Manager AMBR = Authorized Mer	nber		

Title	<u>Name</u>	Address	Type of Action
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			□Remove
		-	Change
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Tective in effect	date, if other than the date of filing:(optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.	207 t
<u>ote:</u> If	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed s effective date on the Department of State's records.	
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ecord s	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
is filed		
ited	March 15 . 2022	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee