

121 0000 54736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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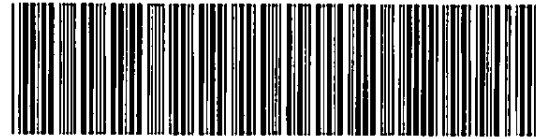
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

D BRUCE
OCT 01 / 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJB SPECIALTIES 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:

PAULA S. AUDI

Name of Person

NO FRILLS ACCOUNTING INC

Firm/Company

906 KINGSPORT CT

Address

HOLLY HILL, FL 32117

City/State and Zip Code

INFO@NOFRILLSACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA S. AUDI

Name of Person

386 671-1361
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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SECRET
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MJB SPECIALTIES 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 2/1/21 and assigned
Florida document number L21000054736.

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 "L.L.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)

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TALLAHASSEE, FL

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: MICHAEL J BRUNETTI

New Registered Office Address: 281 THORNBERRY BRANCH LN

Enter Florida street address

DAYTONA BEACH

Florida 32124

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.

X 
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>
AMBR	MICHAEL BRUNETTI	281 THORNBERRY BRANCH LN	<input type="checkbox"/> Add
		DAYTONA BEACH, FL 32124	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JACOB LAFFERTY	281 THORNBERRY BRANCH LN	<input type="checkbox"/> Add
		DAYTONA BEACH, FL 32124	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ERIC DODSWORTH	281 THORNBERRY BRANCH LN	<input checked="" type="checkbox"/> Add
		DAYTONA BEACH, FL 32124	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE
AIRPORT

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9/28/21

X 

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00