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2022 FEB - 7 AM 8: 34 SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

2022 FEB -7 PM 1: 43

SECRETARY OF STATE TALLAHASSEE, FL

January 20, 2022

MERDENISE JEAN CHARLES SECOND LETTER 3210 CARIBB WAY LAKE WORTH, FL 33462

SUBJECT: M.J.M. MILTISERVICES, LLC

Ref. Number: L21000505714

We have received your document for M.J.M. MILTISERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," or the words "LIMITED LIABILITY COMPANY." Please amend the name of your entity accordingly.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 522A00001563

DO DOY COOK Well-barren Florido 9991

COVER LETTER

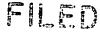
SUBJECT: Same of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filting Please return all correspondence concerning this matter to the following: MCMCSC SCORPAGES Name of Person Finar Company 33463 City/State and Zip Code City/State and Zip Code MCMCSC SCORPAGES Name of Person For further information concerning this matter, please call: MCMCSC SCORPAGES Area Code Dayring Feliphone Number Enclosed is a check for the following amount: 10 \$255.00 Filing Fee City/States of Status Certificate of Status & Certificate Copy Control Copy is necessed.			
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	Mendenise	Name of Person	25
	<u> </u>	Firm/Company	
	3210	Carlbb Cox	J.J
	33-162 120136/160 11-mail address: 10	Jeans was Of	DANCE L-COM
For further information c	oncerning this matter, please co	iB:	
<i>MONSONS</i> Name o	Birect: M. J. M. Jame of Limited Liability Company decembered Articles of Amendment and feets) are submitted for filing ase return all correspondence concerning this matter to the following: M. J.		
Enclosed is a check for th	ne following amount:		
11/\$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy

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 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION



2022 FEB -7 AM 8: 34

Limited Liability Company as it now appears on our records HASSEF. IT.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1919 and assigned Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida ____ Zw 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 tiled to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

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	
$\mathbf{AMBR} \neq$	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
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Effective date, if other than the fame effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and cannot block does not meet th	be prior to date of fili e applicable statutor	ng or more than 90 da	ys after filing) Pursuant to 6	05.0207 isted as
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	Signature of a member	for authorized representation	manye of a memoci		

Filing Fee: \$25.00