

L22 000 174 878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

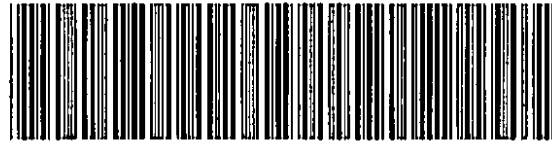
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500396348245

11/11/2022 11:11:36 AM

FILED
2022 OCT 20 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **MJ ECOMMERCE 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:

MICHAEL J SIERTS

Name of Person

MJ ECOMMERCE LLC

Firm/Company

24600 S TAMiami TrL, STE 212-137

Address

BONITA SPRINGS, FL 34134

City/State and Zip Code

MSIERTS@MJECommerce.COM

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

For further information concerning this matter, please call:

MICHAEL J SIERTS

at **888 896-8001 EXT. 8**

Name 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)

☐ \$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
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

2022 OCT 20 AM 11:36

FILED

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

MJ ECOMMERCE 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 04/12/2022 and assigned
Florida document number L22000174878.

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)

24600 S TAMiami TRL, STE 212-137

BONITA SPRINGS, FL 34134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

24600 S TAMiami TRL, STE 212-137

BONITA SPRINGS, FL 34134

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 SIERTS

New Registered Office Address:

24600 S TAMiami TRL, STE 212-137

Enter Florida street address

BONITA SPRINGS

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

FILED
2022 OCT 20 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FL 34134

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>
MGR	MICHAEL J SIERTS	24600 S TAMiami TRL, STE 212-137	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS, FL 34134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHEILA SIERTS	25571 FENNER CIRCLE	<input type="checkbox"/> Add
		BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2022 OCT 20 AM 11:36
SECRETARY OF STATE
TALLAHASSEE FL.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
2022 OCT 20 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FL

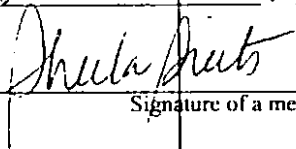
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 12, 2022



Signature of a member or authorized representative of a member

SHEILA SIERTS

Typed or printed name of signer

Filing Fee: \$25.00