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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

.

NAME OF CORPOR	MJRS, CORP.				
DOCUMENT NUMB	P0300046413				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Michael Schulz				
	Name of Contact Person				
	MJRS, Corp. c/o Professional Accounting				
		Firm/Company			
	4612 N. Hiatus Road				
	Address				
	Sunrise, FL 33351				
		City/ State and Zip Cod	<u>e</u>		
mschu	ılz1965@hotmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Michael Schulz		561 at (	310-0104 		
Name o	of Contact Person	at () Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MJRS, CORP.		
(Name of Corporation as curren	tly filed with the Florida Dept, of State)	
P0300046413		
(Document Number	of Corporation (ifknown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
M&B SCHULZ ENTERPRISES, INC.	The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable:	c/o Professional Accounting	
(Principal office address MUST BE A STREET ADDRESS)	4612 N. Hiatus Road	
	Sunrise, FL 33351	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office add	tress in Florida, enter the name of the	
new registered agent and/or the new registered office addres		
Name of New Registered Agent		
	υ ω	
(Florida s	treet address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obligations of the position.	
Signature of New	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) XX Change	ST	Michael Schulz	52 Mediterranean Blvd. North
Add			Port St. Lucie, FL 34952
Remove			
2) Change	STD	Bonnie Scheurich	6108 Jameson Pass
XX Add			Alpharetta, GA 30022
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary).	cles, enter change(s) here:  (Be specific)
	· · · · · · · · · · · · · · · · · · ·
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	<del></del>
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The date of each amendment date this document was signed	(s) adoption:	, if other than the
Effective date if applicable:	November 1, 2017	
<del></del>	(no more than 90 days after amendment file date)	<del></del>
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	ent(s)
	re approved by the shareholders through voting groups. The following started for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(toling grossy)	
☐ The amendment(s) was/well action was not required.	re adopted by the board of directors without shareholder action and shareh	ıolder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholde	ः
Dated Signature	Jet 11, 2017	
Se	by a director, president or other officer – if directors or officers have not be elected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	Michael Schulz	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)