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JAN 31 2012

EXAMINER



000219069790

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COVER LETTER

TO:

TO:	Registration S Division of Co			
SURJE	ЕСТ:	MJG INVESTI	MENTS FUND, L.L.C.	
			ited Liability Company	_
The en	closed Articles of	f Amendment and fee(s) are sui	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
		JE	FFREY W. BERKMAN	_
			Name of Person	
			Firm/Company	
			PO BOX 217 Address	
			BALDWIN, NY	
			City/State and Zip Code	_
			BERKMANLAWFIRM.COM	- -
For fur	ther information (E-mail address: (concerning this matter, please of	to be used for future annual report notification)	
		EY W. BERKMAN	at (516) 331.1654	
	Name o	of Person	Area Code & Daytime Telephone Nun	ber
Enclose	ed is a check for t	the following amount:		
₹ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJG INVESTME	<u>NTS FUND,</u>	L.L.C.			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Compar	gears on our records.)			
The Articles of Organization for this Limited Liability Companication for this Liability Companication for the Liability Companication for this Liability Companication for the Liability Compani	ny were filed on _	JANUARY 29, 20	<u>)01</u> ar	nd assi	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company	here:			
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Con	mpany," the designation	"LLC" o	r the a	bbreviation
Enter new principal offices address, if applicable:			∑ * 4/5	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)				<u>ر</u>	1.4964.2
			3	2	E E
			35SI	80	-
Enter new mailing address, if applicable:			EE C		111
• • • •	_		P S	بي	
(Mailing address MAY BE A POST OFFICE BOX)				Ö	
	<u> </u>		יוון שב	~	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		n our records, <u>enter</u>	the na	me of	f the new
New Registered Office Address:					
	Enter Florida street address , Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>				
hereby accept the appointment as registered agent and ag	ree to act in thi:	s capacity. I further a	gree to	compl	lv with

If Changing Registered Agent, Signature of New Registered Agent

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add . Remove	
			Add Remove	
			Add Remove	
			□Add □Remove	
			Add Remove	
	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_	
<u></u>	ROM MANAGING MEMBER TO ME		_	
_			_	
Dated	JANUARY 10 , 20	12	_	
	Signature of a member of	or authorized representative of a member		
		AEL J. GLEISSNER		
	Typed o	or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00