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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

our er om	MENIN IN	VESTMENTS, LLC		
SUBJECT:		Name of Lim	ited Liability Company	·
		Amendment and fee(s) are sub		
		Christopher A. DiSchino, l	Esq.	
			Name of Person	
		DiSchino & Company, PL	LC	
			Firm/Company	
		1080 NE 92nd Street		
			Address	
		Miami Shores, FL		
			City/State and Zip Code	
		christopher@dsmiami.com		
		E-mail address: (to be used for future annual report notif	fication)
For further in	nformation co	oncerning this matter, please of	all:	
Christopher	DiSchino		786 581-2542	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	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)
	iling Addres gistration S		Street Address: Registration Sec	
Div	vision of C	orporations	Division of Cor	porations

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 OF

(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 the Articles of Organization for this Limited Liability Company were filed on the Individual document number Lo2000017997 This amendment is submitted to amend the following: It amending name, enter the new name of the limited liability company here: MENIN FAMILY INVESTMENTS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailling address MAY BE A POST OFFICE BOX) It amending the registered agent and/or registered office address on our records, enter the name of the new registered name of New Registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Line Agents and Agents Line Agents a		
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	Enter Florida street address	
City Zip Code		
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lew Registered Agent's Signature, if changing Registered Agent:		enter Florida street address Enter Florida street address Florida

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

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>	Address	Type of Action
			□Remove
			Change
			□Add
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cord specifies a delayed effective s filed.	date, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after t
s mod.				
December 28	2020			
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	Signature of a member or aut		of a mumber	

Filing Fee: \$25.00