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2019 NOV 20 PH 3: 16

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MMJJ Thvestments, 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:
Melissa Pivko Name of Person
MMJJ Investments Firm/Company
P.D. BOX 227787
DOPAI, FL 33222 City/State and Zip Code Melly Piwkoe harmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Melissa Piwko at (786) 537 - 0228 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee \$25.00 Filing Fee \$25.00 Filing Fee \$30.00 Filing Fee \$255.00

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

MMJJ Inve	stments, LLC.
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 17 0 0 0 0 7 2</u> 7 6 0. This amendment is submitted to amend the following:	vere filed on 3 30 17 and assigned
A. Hamending name, enter the new name of the limited liability	ny company nere:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address:	
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605-F.S. Or, if this document is ddress, I hereby confirm that the limited liability
If Changi	ing 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
MGR	Gricelda A. Pin	/ko	
		P.O.BOX 227787	Remove
		Dara1, FL 33222	Change
			
			🗆 Remove
			Change
			□ Remove
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			□ Add
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			Change

(If an el <u>Note:</u>	fective date, if other than the date of filing: 1/1/2019 (optional) fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 14. 2019
	Signature of a member or authorized to member
	Geirelda Aliska

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Filing Fee: \$25.00