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SHOOFFICE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FJ INVESTORS Name of Li	mited Liability Company	
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
	MANASA Name of Person	<u></u>
FJ IN	VESTORS LUC Firm/Company	
20848	So Ditie Huy Address	
Miami	FL 33189 City/State and Zip Code	
<u> </u>	BELL SUR, NET	
For further information concerning this matter, please	call:	SEP 2
Name of Person	at (305) 239 -0 Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \text{Cartificate 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:

1

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, 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**

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 on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Tip Code	(Name of the Limited Linbility Company as it now appear	on our monds)
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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: [Enter Florida street address] [Enter Florida street address]	(A Florida Limited Liability Company)	on our records.
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the net registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code		25-04-2005 and assigned
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 on our records, enter the name of the net registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	This amendment is submitted to amend the following:	
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 on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address City Typ Code	A. If amending name, enter the new name of the limited liability company her	re:
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Address MAY BE A POST OFFICE BOX 3. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code		
B. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	Enter new mailing address, if applicable:	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code	Mailing address MAY BE A POST OFFICE BOX)	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address City Zip Code		(S.) (O
New Registered Office Address: Enter Florida street address , Florida City Zip Code	egistered agent and/or the new registered office address here:	our records, enter the name of the new
Enter Florida street address	Name of New Registered Agent.	·····
City Zip Code		da street address
·		, Florida
	City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> **Address Type of Action** 33189 AMBR TYLER MANASA 20848 SO. DINE Hay MIAHI FL. **∃** ∕Add ☐ Remove □ Add ☐ Remove _□ Add ☐ Remove ☐ Remove □ Add ☐ Remove

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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e effective	late, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or tiled date and cannot be more than 90 days after document is filed by the Florida Department of State)
	A 201
ated1	1 1 , 2014 .
Dated	Signature of a member or authorized representative of a member

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