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T. MATTHEWS NOV 2 4 2021

COVER LETTER

SUBJECT: AJI INVEST MENTS 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:
BRITIANY A. LAMBERT
AJI INVESTMENTS LLC Firm/Company
424 LINA BELLA LN, APT 422
WEN SMYRNA BEACH, FL 32168 City/State and Zip Code BALBUSINESCO YAHOO COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RCITTANU A. LAWRELT at (407) 760-1901 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee \$\times \text{S55.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$\$\$ Certified Copy (additional copy is enclosed)

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

MILINV	ESTMENTS LLOCKETTE FRESTE
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $02/12/2007$ and assigned 0255
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "I invited	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words. Limit	ed Liability Company, the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	424 CHUIN BELLA LANE
(Principal office address MUST BE A STREET ADDRI	essi APT 422
	NEW SMUPAIA BOACH, FC
	32168
Enter new mailing address, if applicable:	429 LUNA BELLA LANE
(Mailing address MAY BE A POST OFFICE BOX)	ADT 472
	NGW SMYRNA BEACH, FC
	32168
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: 47	24 LUNA BELLA LANG, APT 422
New Registered Office Address.	Enter Florida street address
NE	W SMIRNA BEACHFIORIDA 32168
_ 	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 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 Address 21 NOV 12 PH 3: 21 AMBR = Authorized Member Title Name Type of Action ______ □Add ____ □Change □Add _____ Change __ ____ □Remove ______ Change _____ 🗀 Add Remove □Remove _____ Change

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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the applicable statuto ocument's effective date on the Department of State's records.	ing or more than 90 days after filing.) Pursuant to 605.0207
ecord specifies a delayed effective date, but not an effective time, at 12:0 is filed.	1 a.m. on the earlier of: (b) The 90th day after the
signature of a member or authorized repres	entative of a member
BRIT TANSY ATTYPED OF Printed name of s	AMREET