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## **COVER LETTER**

то:	Registration Se Division of Cor		•	
SUBJE		ED MANAGEMENT INVES	TMENTS, LLC	
SUBJE	CI:	Name of Lin	ited Liability Company	
The ene	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		MAURICE R COSTA, ES	Q.	
			Name of Person	
		COSTA & ASSOCIATES	, P.A. ATTORNEYS AT LAW	
			Firm/Company	<del></del>
		6843 MAIN STREET, SU	ITIE 302	
			Address	<del></del>
		MIAMI LAKES, FLORID	A 33014	
			City/State and Zip Code	<del></del>
		mitchelsabina@msrealtycor	p.com to be used for future annual report notil	Tanking
For furt	her information c	oncerning this matter, please c		(Kation)
MAURICE R. COSTA, ESQ		at ( )		
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S	<del></del>	Street Address: Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOIN JOINED MANAGEMENT INVESTMENTS, LLC

## (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 $\frac{01/15/2010}{}$ \_\_\_ and assigned Florida document number 1.10000005806 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 contain the words "Limited Liability Company," the designation "ELC" 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 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: Enter Florida street address

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address - 135   15   11   51; Type of 2
MBR	MITCHEL SABINA	7767 NW 146TH STREET, MIAMI LAKES FL 33016
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot lote: If the date inserted in this block does not meet the	be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 e applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Department of State's a	
record specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
. /	
SEPTEMBER 4 2020	
	<del>/</del>
///	
Signature of a member	or authorized representative of a member
,	
Maurice R. Costa, Esq.	
Typed	or printed name of signee

Filing Fee: \$25.00