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#### **COVER LETTER**

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:    BRANDON FIELDS		egistration Si vision of Co			
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:  BRANDON FIELDS  Name of Person  RUDOLPH FIELDS LLP  Firm/Company  4416 EAST WEST HIGHWAY, SUITE 204  Address  BETHESDA, MARYLAND 20814  City/State and Zip Code  BFIELDS@RUDOLPHFIELDS COM  E-mail address: (to be used for faiture annual report notification)  For further information concerning this matter, please call:  BRANDON FIELDS  Name of Person  1019/102/103/103/103/103/103/103/103/103/103/103	SURIFCT		ESTMENTS, LLC		
Please return all correspondence concerning this matter to the following:    BRANDON FIELDS	SOBJECT	•	Name of Lin	nited Liability Company	
RUDOLPH FIELDS LLP  Firm/Company  4416 EAST WEST HIGHWAY, SUITE 204  Address  BETHESDA, MARYLAND 20814  City/State and Zip Code  BFIELDS@RUDOLPHFIELDS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  BANDON FIELDS  Name of Person  Name of Person  1 301 907-8672  Area Code  Daytime Telephone Number  Senclosed is a check for the following amount:  ■ \$25.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations	The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
RUDOLPH FIELDS LLP  Firm/Company  4416 EAST WEST HIGHWAY, SUITE 204  Address  BETHESDA, MARYLAND 20814  City/State and Zip Code  BFIELDS@RUDOLPHFIELDS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  BRANDON FIELDS  Name of Person  Area Code  Paytime Telephone Number  Sinclosed is a check for the following amount:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations  Division of Corporations	Please retur	m all correspo	ondence concerning this matter	to the following:	
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Firm/Company  4416 EAST WEST HIGHWAY, SUITE 204  Address  BETHESDA, MARYLAND 20814  City/State and Zip Code  BFIELDS@RUDOLPHFIELDS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  BRANDON FIELDS  Name of Person  at (301 / Area Code)  Name of Person  The state of Status (Contified Copy (additional copy is enclosed)  Certificate of Status (Contified Copy (additional copy is enclosed))  Mailing Address:  Registration Section  Division of Corporations  Registration Section  Division of Corporations				Name of Person	
Address  BETHESDA, MARYLAND 20814  City/State and Zip Code  BFTELDS@RUDOLPHFIELDS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  BRANDON FIELDS  Name of Person  Area Code  S25.00 Filing Fee  Certificate of Status  Certificate of Status  Mailing Address:  Registration Section Division of Corporations  BETHESDA, MARYLAND 20814  City/State and Zip Code  BUT Code  Daytime Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations			RUDOLPH FIELDS LLP		
Address  BETHESDA, MARYLAND 20814  City/State and Zip Code  BFIELDS@RUDOLPHFIELDS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  BRANDON FIELDS  Name of Person  at ( ) 907-8672  at ( ) Daytime Telephone Number  Enclosed is a check for the following amount:  Second				Firm/Company	<del></del>
City/State and Zip Code  BFIELDS@RUDOLPHFIELDS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  BRANDON FIELDS  Name of Person  Sinclosed is a check for the following amount:  ■ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  BFIELDS@RUDOLPHFIELDS.COM    301			4416 EAST WEST HIGH	WAY, SUITE 204	
City/State and Zip Code  BFIELDS@RUDOLPHFIELDS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  BRANDON FIELDS    301   907-8672     Area Code   Daytime Telephone Number    Enclosed is a check for the following amount:    \$255.00 Filing Fee   \$30.00 Filing Fee & Certificate of Status     Certificate of Status   Certified Copy (additional copy is enclosed)     Certified Copy (additional copy is enclosed)     Certified Copy (additional copy is enclosed)     Mailing Address:     Registration Section   Registration Section     Division of Corporations     Division of Corporations				Address	
BFIELDS@RUDOLPHFIELDS.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  BRANDON FIELDS    301   907-8672     Area Code   Daytime Telephone Number    Enclosed is a check for the following amount:    S25.00 Filing Fee   \$30.00 Filing Fee &   \$55.00 Filing Fee &   \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)    Mailing Address: Registration Section   Registration Section     Division of Corporations   Division of Corporations			BETHESDA, MARYLAN	ND 20814	
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BRANDON FIELDS    301   907-8672     at (					
Name of Person  Name of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Section Filing Fee & Section Section Division of Corporations  Solutional copy is enclosed  Solutional copy is enclosed  Solutional copy is enclosed  Street Address: Registration Section Division of Corporations	F				lification)
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Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations  Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations	Enclosed is	a check for th	ne following amount:		
Registration Section  Division of Corporations  Registration Section  Division of Corporations	<b>■</b> \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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U ( ) U ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Di	vision of C	orporations	Division of Cor	rporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ART	TICLES OF C	ORGANIZATION OF	and assigned
NJM INVESTMENTS, LLC			6.1
·	ited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L10000009512	Liability Company	were filed on 1/26/10	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
NJM INVESTMENTS FLORIDA, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	17703 SCARSDALE WAY	
(Principal office address MUST BE A STREE	ET ADDRESS)	BOCA RATON, FLORIDA 3349	6
Enter pay mailing address if a lively		17703 SCARSDALE WAY	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	: <b>BOV</b>	BOCA RATON, FLORIDA 3349	
B. If amending the registered agent and/or			
agent and/or the new registered office addre	ess here:	<u> </u>	- me men regionite
Name of New Registered Agent:	MAX COHEN		
New Registered Office Address:	17703 SCARSI		
		Enter Florida street address	
	BOCA RATON	With a min	do 33496

#### 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.

City

Registered Agent, Signature of New Registered Agent

Zip Code

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
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ited .	9/16/21
	Signature of a member or authorized representative of a member
	ZACHARY COHEN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00