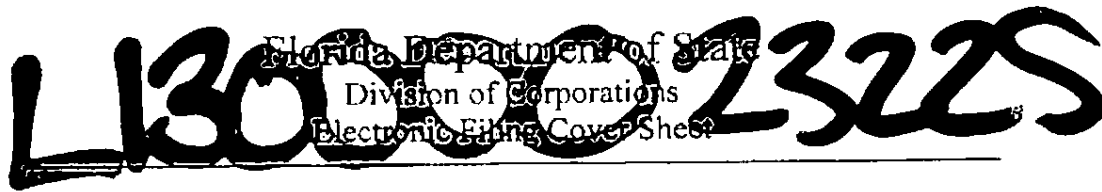


Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PAUL SALVER, P.A.
Account Number : 120020000087
Phone : (954) 389-1333
Fax Number : (954) 389-1397

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAJINV, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

D. SCOTT

OCT 6 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAJINV, 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 2/13/13 and assigned
Florida document number L13000023225

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 "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 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

_____, Florida

City

29 OCT - 5
TALLAHASSEE, FLORIDA

Zip Code

FILED

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 Changing 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>	<u>Address</u>	<u>Type of Action</u>
MGR	MAJINV LTD.	2721 EXECUTIVE PARK DRIVE	<input type="checkbox"/> Add
		SUITE 4	<input checked="" type="checkbox"/> Remove
		WESTON, FL 33331	<input type="checkbox"/> Change
MGR	Rodriguez Chatruc, Elisardo M.	2721 EXECUTIVE PARK DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 4	<input type="checkbox"/> Remove
		WESTON, FL 33331	<input type="checkbox"/> Change
MGR	Rodriguez Chatruc, Javier	2721 EXECUTIVE PARK DRIVE	<input checked="" type="checkbox"/> Add
		SUITE 4	<input type="checkbox"/> Remove
		WESTON, FL 33331	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2017 OCT 5
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

F. Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated X SEPTEMBER 29th 2017

X _____ Signature of a member or authorized representative of a member

X ELISARDO MARCELO RODRIGUEZ CHATRUO
Type or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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200 OCT -5 A 9:35
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA
SUBMITTED TO THE COURT BY
JAMES H. HARRIS, JR.
ATTORNEY AT LAW
JACKSONVILLE, FLORIDA