L13000152738

(Requestor's Name)	—
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Mills	

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TRANSMITTAL

ATTENTION:	Registration	on Section		DATE	<u> </u>	9/30/2	2424			
		Corporations e of Tallahasse	20			Via Fe	adEv			
	 	onroe Street,				Viait	JULX			_
	1	e, FL 32303		ļ						
	Cindy Sing	ner				MJR	NVESTME	ENT H	IOLDINGS, LLC	_
FROM:		423 Ext 101		RE:		FL Do	ocument i	Numb	er L1300015273	8
RESPONSE RE	QUIRE	DBY:								
									· -	
WE ARE SENDING Y	OU:	Attached:			Shor	Drawings:		Sar	nples:	
Submittals:	Specifica	ations:	Copy of Lette	er:		Change Or	der:	 -	Other:	
To Whom It Manager Attached please -Cover Sheet -Articles of Amaddress, plus to -Check payable Please provided Should you haw thank you.	se find the formal to the required e to Florida e us with a	following: Articles of Code additional code additional code and Code additional Code addition	opy of State in the y of the Amer	e amo	unt o				LC, changing & Certified Copy	

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations		
cup ucca.	MJR INVE	STMENT HOLDINGS, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CINDY SINGER		
			Name of Person	
		MJR INVESTMENT HOL	DINGS, LLC	
			Firm/Company	
		1200 NW 17TH AVENUE	, SUITE 15	
			Address	
		DELRAY BEACH, FL 33-		
			City/State and Zip Code	
		CINDYS@RELIANCEFL.	OM o be used for future annual report noti	fication
For further in	formation co	oncerning this matter, please ca		
CINDY SIN	GER		at (561) 613-5423, E	XT 101
	Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate 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)
	ling Address		<u>Street Address:</u> Registration Sc	ction
_	gistration Stision of C	orporations	Division of Cor	
	Box 632	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJR INVESTMENT HOLDINGS, LLC

MIK INVESTMENT HOLDINGS, ELC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L13000152738}{L13000152738}$	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	uility company here:
The new name must be distinguishable and contain the words "Limited Liabi	Tity Company " the decignation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	1200 NW 17TH AVENUE
(Principal office address MUST BE A STREET ADDRESS)	SUITE 15
	DELRAY BEACH, FL 33445
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1200 NW 17TH AVENUE SUITE 15 22
Truming dualess mill be in tool of the bony	DELRAY BEACH, FL 33445
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	20

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

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>	Name	Address	Type of Action
Member	MARK ISABELLE	1200 NW 17TH AVENUE	□Add
		SUITE 15	□Remove
		DELRAY BEACH, FL 33445	⊞ Change
Member	MICHAEL GOLDMAN	1200 NW 17TH AVENUE	□Add
		SUITE 15	Remove
		DELRAY BEACH, FL 33445	■Change
Member	JOHN CAHORSHAK	1200 NW 17TH AVENUE	□Add
		SUITE 15	Remove
		DELRAY BEACH, FL 33445	\= Change
			□Add
			Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□ Change

	——————————————————————————————————————
	
	
an effective date, if other than the date of filing:	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day is filed.	after the
ated	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00