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SECRETARY OF STATE
TALLAHASSEE, FLORID.

J. Shitears DEC 2 9 2014

COVER LETTER

TO: Registration Sect Division of Corpo		
	VESTMENTS LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fec(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	DAVID J. WALLACE	
	Name of Person	
	DUBOW, DUBOW & WALACE	
	Firm/Company	
	215 NORTH FEDERAL HWY	
	Address	
	DANIA BEACH, FLORIDA 33004	
	City/State and Zip Code	
	DAVID@DDWLAW.NET E-mail address: (to be used for future annual report notification)	
For further information con	ncerning this matter, please call:	
DAVID J. WALLACE		
Name of P	Person at ()	_
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

★ STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MRJC INVESTMENTS LLC	;			
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 10/01/2014 Florida document number L14000152889				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The convenience and be distinguishable and and with the	anda William da di Tital	ility Company," the designation "LLC" or the abbreviation "L.l.	<u> </u>	
The new hante must be distinguishable and end with the v	voids Linned Liab		.C.	
Enter new principal offices address, if applicable:		2810 EAST OAKLAND PARK BLVD		
(Principal office address MUST BE A STREET ADDRESS) SUITE 305 FT. LAUDERDALE, FLORIDA 33306		SUITE 305		
		ALS 14		
Enter new mailing address, if applicable:		2810 EAST OAKLAND PARK BLVD	ન જ	
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 305	المراسية ع	
	<u>-</u>	FT. LAUDERDALE, FLORIDA 33305	1	
		लिंदू 🔾		
B. If amending the registered agent and/o	r registered of	fice address on our records, enter the hame of	the ne	
registered agent and/or the new registered off	ice address her	PRIODE CONTRACTOR CONT		
Name of New Registered Agent:	JUAN CAS	rillo		
New Registered Office Address:	OAKLAND PARK BLVD, SUITE 305			
		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.

FT. LAUDERDALE

Ir Changing Registered Agent, Signature of New Registered Agent

, Florida <u>333</u>06

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Address</u> <u>Title</u> Name MGR MARIA REILLY 1401 E BROWARD BLVD _□ ∧dd SUITE 200 ■ Remove FT. LAUDERDALE, FLORIDA 33301 _D Add _□ Remove _ 🗆 Add □ Remove 8 PHE2:28 □ ∧dd _□ Remove _D Add ☐ Remove

. If amending any other information, enter change(s) here: (Attach additional	l sheets, if necessary.)
	, , " · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be n the date this document is filed by the Florida Department of State)	(optional) nore than 90 days after
Dated	
X WANC CASTILD	
Signature of a member or authorized representative of	a member
JUAN CASTILLO	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE