L1500008620

(Req	uestor's Name)	
(Addı	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Sec Division of Corp			
	•	l Investments, LLC		
SUBJ	ECT:		ited Liability Company	
		•		
The e	nclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspon	dence concerning this matter	to the following:	
		Matthew J McCullough		
			Name of Person	
		MJM Capital Investments,	LLC	
			Firm/Company	
		2680 Country Side Drive		
			Address	
		Fleming Island, FL 32003		
			City/State and Zip Code	
		cavu.capital@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For fi	arther information co	ncerning this matter, please or	all:	
Mattl	hew J McCullough		904 635-2223 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for the	e following amount:		
□ \$.	25.00 Filing 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)

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

MJM Capital 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. and assigned L15000008620 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CAVU Capital Investments, LLC 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

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>	Address	Type of Action			
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ective date, if other than the effective date is listed, the date mule: If the date inserted in this burnent's effective date on the I	ust be specific and cannot be prior to block does not meet the applicab	date of filing or more than 90 ble stanutory filing requirem	_ (optional) days after filing.) Pursua ents, this date will no	nt to 605.0207 (t be listed as tl
record specifies a delaye he 90th day after the re	ed effective date, but not cord is filed.	an effective time, at :	12:01 a.m. on the	e earlier of:
March 11	2017			
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Filing Fee: \$25.00