

215 0000 09417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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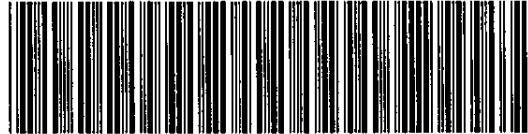
(Business Entity Name)

(Document Number)

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STATE DEPT OF STATE
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MAILED MAY 06 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MJOIRA INVESTMENTS LLC
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:

MIKE OLIVER

Name of Person

MJOIRA INVESTMENTS LLC

Firm/Company

558 W. NEW ENGLAND AVE #250

Address

WINTER PARK FL. 32789

City/State and Zip Code

MIKE.OLIVER@MAGNOLIAADVISORS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE OLIVER

Name of Person

at (321)

Area Code

229-5136

Daytime Telephone Number

Enclosed is a check for the 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**

MJOIRA 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 JAN 15, 2015 and assigned Florida document number L15000009417.

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 end with 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

Zip Code

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

MGR = Manager
AMBR = Authorized Member

AMBR MICHAEL J. OLIVER 558 W. NEW ENGLAND AVE ☐ Add
WINTER PARK FL 32789 ☒ Remove

MGR MICHAEL OLIVER 558 W. NEW ENGLAND AVE #250 ☒ Add
WINTER PARK FL. 32789 ☐ Remove

AMBR MICHAEL J OLIVER IRA 1362 PALM AVE. ☒ Add
WINTER PARK FL 32789 ☐ Remove

SECRET ☐ **15 APR 30 AM 4:52**
FLORIDA ☐ **Remove**

☐ Add☐ Remove☐ Add☐ Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 28, 2015.

m. oliver

Signature of a member or authorized representative of a member

MICHAEL OLIVER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 APR 30 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA