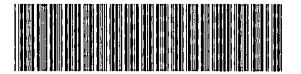
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(Re	equestor's Name	:)
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: YJJ Investment (SROUP II, 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:				
Jeffrey M. Perlow, Esq. Name of Person Frombeng, Perlow & Kornik, P.A. Firm/Company				
Firm/Company				
20295 NE 29 Place # 200				
aventura, FL 33180 City/State and Zip Code				
City/State and Zip Code				
H-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Teffrey M. Poklow, Esq. at (305) 933-2000 Name of Person Daytime Telephone Number				
Enclosed is a check for the following amount:				
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)				
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YJJ Investment	Goup IL, LLC	
(A Florida Limited I		
The Articles of Organization for this Limited Liability Company Florida document number <u>L/5000/57683</u> .	were filed on $\frac{9/16/2015}{}$ and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
•		
The new name must be distinguishable and contain the words "Limited Liabi	ility 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:	2021	
(Mailing address MAY BE A POST OFFICE BOX)	JAW	<u> </u>
	- 7	<i>!</i>
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the mrs.	registered
agent and/or the new registered office address here:	address on our records, enter the mante option in a	. egister ee
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	
Name Descriptored Agent's Signature if changing Descriptored Agent:		

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 ompany has been notified in writing of this change.

MGR = Manager AMBR = Authorized Member Type of Action Address Title Name Jurdan Lee Withingki 12916 NW 22 Minor DAdd Rembroke Pink 7L 3308 ARemove __ □Change JUTEHAN LUKSHIMSKI 12916 NW 22 MGNOR DAD Pembroke Pines, 71. 33028 Remove MBR Yaron Lukshinski, Trustee 12916 NW ZZ Manor, Januar Yaron Lukshinski, Rev. Pembeoke Pines, H. 3005 Remove □Change ______ Change

_ Change

rerson(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

λ,