L1600039388

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SECRETARY OF STATE

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		MAVNITIN	IVESTMENTS, LLC			
SUBJE	CT:	MINITIAL II		(44)	*** 	
			Name of L	imited Liability Compar	ıy	
					*	
The enc	losed	Articles of	Amendment and fcc(s) are s	ubmitted for filing.		
Please re	eturn	all correspo	ndence concerning this matt	er to the following:		
			MARK S. GRAND, ES	Q.		
				Name of Perso	on	
			GRAND & GRAND, P.	A.		
				Firm/Compan	у	
			4010 Sheridan Street			
				Address		
			Hollywood, FL 33021			
				City/State and Zip	Code	
			refat.altawil@altawillawi	- •		
			E-mail address	s: (to be used for future a	innual report notifica	ntion)
For furtl	her in	formation co	oncerning this matter, please	e call:	•	
Donna				954	989-2889	
	_	Name of	f Person	Area Cod) e Daytime T	elephone Number
Enclose	d is a	check for th	e following amount:			
\$25	.00 F	iling Fce	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Certified Co (additional cop	рру	□ \$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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAYNT INVESTMENTS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L16000039388 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MYNT INVESTMENTS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 95 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:

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

Enter Florida street address

Florida

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

Title Name Address Type of Action

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