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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
Ct:Nt		as hwy LLC		
SUBJ	ECT:		ited Liability Company	
The en	nclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Michael Aranda		
			Name of Person	<del></del>
		MJ UNlimited 401k trust		
			Firm/Company	<del></del>
		1222 se 47th st suite 330		
		***	Address	
		cape coral, fl 33904		
<b>-</b>		mike@thenewhomespot.cor	City/State and Zip Code n	
		I -mail address: (	to be used for future annual report notifi	cation's
For fu	rther information ed	oncerning this matter, please ca	all:	
mike	aranda		239 267-4804 ar()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	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

FILED

1477 Overseas Hwy LLC

(Name of the Limited Liability Company as it now appears on our records) -7 AHII: 22

	SEGRET OF STATE Company were filed on 8/15/2016 TALLAJASSEE, and assigned
	ompany were filed on 8/15/2016 1002 E. TASSEE, and assigned
Florida document number L16000152153	<u>_</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	ited 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 ADDI	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
THE CONTRACTOR OF THE PARTY OF	
B. If amending the registered agent and/or registered agent and/or the new registered office ado	stered office address on our records. <u>enter the name of the new</u> ress <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:
provisions of all statutes relative to the proper and eaccept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jessica Aranda as Trustee for JAA Unlmited Irrevocable Trust	15367 Old Pine Ct Fort Myers, Fl 33912	
			□ Remove
			☐ Change
Michael D Aranda as Trustee for MJ Unlimited 401k Trust		1222 SE 47th St Cape Coral, Fl 33904	□ Add
			☐ Remove
		MJ Unlimited 401k Trust	☐ Change
MGR	GR Michael D Aranda as Trustee for Construction Dynamics 401k Trust	1222 SE 47th st Cape Coral, Fl 33904	
			□ Remove
		Construction Dynamics 401k Trust	
MGR	Michael F Aranda as Trustee for Michael F Aranda Living Trust	150 sonata dr jupiter, fl 33478	□ Add
		Michael F Aranda Living Trust	■ Change
MGR	Tonya Aranda as Trustee for TonyaLawsonAranda Living Trust	150 sonata dr jupiter, fl 33478	☐ Add
			□ Remove
		Tonya Lawson Aranda Living Trust	
	Tonya Aranda as Trustee for TonyaLawsonAranda Living Trust	Please disregard this entry the form was malfunctioning and	
		this is a duplicate entry	☐ Remove
			<b>■</b> Change

<del>.</del>	
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Effect	ive date, if other than the date of filing: (optional)
Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 005.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Michael Aranda
	Typed or printed name of signee

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Filing Fee: \$25.00