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COVER LETTER

TO: Registrat Division	Corporations
J	M Investment, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Artic	s of Amendment and fee(s) are submitted for filing.
Please return all co	espondence concerning this matter to the following:
•	Name of Person
	Name of Person
	Firm/Company
	Address
	City/Coase and Tim Coase
	City/State and Zip Code arango and rest algmost.com
	E-mail address: (to be used for future annual report notification)
For further informa	on concerning this matter, please call:
Andres	ne of Person at (786) 786 - 1481 Area Code Daytime Telephone Number
1	ne of Person Area Code Daytime Telephone Number
Enclosed is a check	or the following amount:
□ \$25.00 Filing F	Certificate of Status 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

HM Investment,	LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recordited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16000206081</u>	pany were filed on 11/09/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited MUNIZ INVESTMENT, LLC		
The new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	、 <u>ご</u> あ
a*		
Enter new mailing address, if applicable:		SSET OF A
(Mailing address MAY BE A POST OFFICE BOX)		
		00 22 00 22
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ls, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	n	
	Enter Florida street addre	'ss
	, F	lorida

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
	·		□ Remove
			☐ Change
			Add
			Remove
			Change
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lote: If the date in	other than the date of listed, the date must be spenserted in this block do we date on the Departm	es not meet the	e applicable stati	filing or more than utory filing requir	(optional) 90 days after filing. ements, this date) Pursuant to 605.02 will not be listed
The 90th day	fies a delayed effe after the record is		but not an eff	fective time, a	t 12:01 a.m.	on the earlier
ated Decc	mber 14	, 7_0	14	Î		
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Dated				resentative of a me		

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