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| (Requestor's Name)                      |
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## **COVER LETTER**

| TO:          | Registration Se<br>Division of Cor   |   |  |  |  |
|--------------|--|---|--|--|--|
| ON IDA       |  | PANY INVESTMENT 1 LLC   |  |  |  |
| SUBJ         | ECT:   | Name of Lim   | ited Liability Company   |  |  |
| The en       | nclosed Articles of  | Amendment and fee(s) are sub-   | mitted for filing.   |  |  |
| Please       | return all correspo  | ndence concerning this matter   | to the following:  |  |  |
|              |  | MARTA JACOFSKY  |  |  |  |
|              |  |   | Submitted for filing.  Ster to the following:  Name of Person  ESTMENT 1 LLC  Firm/Company  Address  79  City/State and Zip Code  com  ss: (to be used for future annual report notification)  se call:  305  300-1743 |  |  |
|              | MARTA JACOFSKY  Name of Person  MJ&COMPANY INVESTMENT 1 LLC  Firm/Company  345 NE 194 LANE  Address  MIAMI FLORIDA 33179  City/State and Zip Code martaj@mejaccounting com |   |  |  |  |
|              |  |   | Firm/Company   |  |  |
|              |  | MJ&COMPANY INVESTMENT 1 LLC  Firm/Company  345 NE 194 LANE  Address   |  |  |  |
|              |  |   | Address  |  |  |
|              |  | MIAMI FLORIDA 33179   |  |  |  |
|              |  |   | ,  |  |  |
|              |  | Name of Limited Liability Company  es of Amendment and fee(s) are submitted for filing.  respondence concerning this matter to the following:  MARTA JACOFSKY  Name of Person  MJ&COMPANY INVESTMENT 1 LLC  Firm/Company  345 NE 194 LANE  Address  MIAMI FLORIDA 33179  City/State and Zip Code  martaj@mejaccounting com  E-mail address: (to be used for future annual report notification)  tion concerning this matter, please call: |  |  |  |
|              |  |   | nitted for filing.  to the following:  Name of Person  MENT 1 LLC  Firm/Company  Address  City/State and Zip Code  to be used for future annual report notification)  fill:  305 300-1743  at ( )                      |  |  |
| For fu       | rther information c  | oncerning this matter, please ca  | all:   |  |  |
| marta        | a jacofsky   |   |  |  |  |
|              | Name o   | f Person  | Area Code Daytime  | Telephone Number   |  |
| Enclos       | sed is a check for th  | ne following amount:  |  |  |  |
| <b>=</b> \$2 | 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



MJ&COMPANY INVESTMENT 1 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain 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   |   |                                   | 20146)                                  |
|---|---|-----------------------------------|---|
| 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 contain 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address |   | vere filed on 03/14/2017          | and assigned                            |
| A. If amending name, enter the new name of the limited liability company here:  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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent: New Registered Office Address:  Enter Florida street address   | Florida document number L17000058587  |                                   |   |
| (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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  | This amendment is submitted to amend the following:   |                                   |   |
| 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  | Florida document number L17000058587  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 contain 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 registered agent and/or the new registered office address here:  Name of New Registered Agent: |                                   |   |
| (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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  | The new name must be distinguishable and contain the words "Limited Liabilit  | y Company," the designation "LLC" | or the abbreviation "L.L.C."            |
| 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  | Enter new principal offices address, if applicable:   |                                   |   |
| 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 registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  | (Principal office address MUST BE A STREET ADDRESS)   |                                   |   |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address   |   |                                   | *************************************** |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address   | Enter now mailing address if applicables  |                                   |   |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address   | • • • •   |                                   |   |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address   | (Mailing address MAT BE A POST OFFICE BOX)  |                                   |   |
| Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address   |   |                                   |   |
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| New Registered Office Address:  Enter Florida street address  |   |                                   | enter the name of the                   |
| Enter Florida street address  | registered agent and/or the new registered office address here:   |                                   | enter the name of the                   |
| , Florida   | registered agent and/or the new registered office address here:  Name of New Registered Agent:  |                                   | enter the name of the                   |
| City Zip Code   | registered agent and/or the new registered office address here:  Name of New Registered Agent:  |                                   | enter the name of the                   |
|   | registered agent and/or the new registered office address here:  Name of New Registered Agent:  | Enter Florida street address      |   |

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 = Manager AMBR = Authorized Member Type of Action <u>Title</u> <u>Name</u> <u>Address</u> MGR MARTA JACOFSKY 345 NE 194 LANE □ Add MIAMI FLORIDA 33179 **■** Remove □ Change MGR JORGE M JUIZ CAMBIO 345 NE 194 LANE **■** Add □ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Remove ☐ Change □ Add

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| an effective date          | if other than t<br>is listed, the date r | must be specific :                | and cannot be   | orior to date of        | filing or more th | an 90 days afte | <b>ional)</b><br>r filing.) Pursu | ant to 605.0207 |
| ote: If the dat            | te inserted in this ective date on the   | : block does no<br>: Department o | ot meet the ap  | plicable statu<br>ords. | tory filing req   | uirements, th   | is date will no                   | ot be listed as |
| ocument's effe             |  | -                                 |                 |                         |                   |                 |                                   |                 |
| ocument's effe             | ecifies a delay                          | ed effective                      | e date, but     | not an eff              | ective time,      | at 12:01        | a.m. on th                        | e earlier of    |
| ocument's effe             |  | ecora is file                     | .a. / ^         | ١                       |                   |                 |                                   |                 |
| ocument's effe             | ay after the r                           |                                   |                 |                         |                   |                 |                                   |                 |
| e record spe<br>The 90th d | ay after the r                           | ,                                 | 10,17()         |                         |                   |                 |                                   |                 |
| e record spe<br>The 90th d | ay after the r                           | 9/2                               | _, <b>)</b> ]]7 |                         | ,                 |                 |                                   |                 |
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| e record spe<br>The 90th d | ay after the r                           |                                   | a member or     | authorized repr         | esentative of a r | nember          |                                   |                 |

Page 3 of 3

Filing Fee: \$25.00