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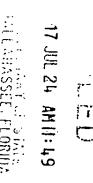
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COVER LETTER

Division of Corporations	
SUBJECT: MJ INVESTMENTS EQUITY 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:	
r lease return an correspondence concerning this matter to the following:	
MANOJ ABRAHAM Name of Person	
MJ INVESTMENTS FAUITY LU Firm/Company	- C
18749, SW 7th STREFT	
PEMBROKE PINES FL, 33029	>
PEMBROKE PINES FL, 33029 City/State and Zip Code manojabyaham 7@ gmail.com E-mail/Address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MANOJ ABRAHAM at (954) 670-4827 Name of Person Name of Person Area Code Davine Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S25.00 Filin	ì

MAILING ADDRESS:

TO:

Registration Section

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

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6~15-3017 and assigned Florida document number 17,00013.12.43

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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

, 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

<u>Title</u>	Name	Address	Type of Action
MGR	MANOJABRAHAM	18749, SW7"STREE	□ Add
		18749, SW7 Th STREE	□ Remove
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b) The	ecord specifies e 90th day aft	er the re	cord is file	ea.		ctive tir	ne, at 12:0)1 a.m. (on the	earlier o
Dated	07-	- 19-	201	7. P.P.	101					
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Filing Fee: \$25.00