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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | C & C 1962 II | NVESTMENTS LLC | | | |
|---|--|--|---|-------------|--|
| SUBJECT: | Name of Lin | nted Liability Company | · | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | МО | NICA M GERMAN, EA | | | |
| | Name of Person | | | | |
| MG OFFICE SYSTEMS INC | | | | | |
| | | | | | |
| 8637 ESCONDIDO WAY EAST | | | | | |
| Address | | | | | |
| BOCA RATON, FL 33433 | | | | C_{ν} | |
| | City/State and Zip Code | | | | |
| | | mgtaxsol@gmail.com | | | |
| | E-mail address: (| to be used for future annual repor | rt notification) | ; | |
| For further information o | concerning this matter, please c | all: | | | |
| MONICA M. GERMAN, EA | | 954 554-7424 | | | |
| Name o | of Person | at () Area Code D | aytime Telephone Number | 0 | |
| Enclosed is a check for t | he following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed |) Certified C | of Status & | |
| Mailing Address Registration: Division of C P.O. Box 632 Tallahassee. | Section Corporations 27 | The Centre | n Section Corporations of Tallahassee onroe Street, Suite 810 | 0 . | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & C 1962 INVESTMENTS LLC (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 $\frac{09/27/2017}{2}$ and assigned Florida document number $\frac{L17000200163}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A 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.

City

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 | VERONICA MOUCHARFICH | 8637 ESCONDIDO WAY EAST | = Add |
| | | BOCA RATON, FL 33433 | □Remove |
| | | | □Change |
| MGR | CONNIE ATENCIO | 8637 ESCONDIDO WAY EAST | ≣Add |
| | | BOCA RATON, FL 33433 | □Remove |
| | | | □Change |
| MGR | CONNIE MUCHARRAFICH | 8637 ESCONDIDO WAY EAST | = Add |
| | | BOCA RATON, FL 33433 | □Remove |
| | | | □Change |
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| | | | Remove |
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| ective date, if other than the date of filing: | (optional) | (\cdot) |
| effective date is listed, the date must be specific and cannot be prior to date of file: If the date inserted in this block does not meet the applicable statute | ling or more than 90 days after filing.) Pursuant to 6 | 05.020 sted a |
| ument's effective date on the Department of State's records. | ming requirements, this date will not be in | isteu a |
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| cord specifies a delayed effective date, but not an effective time, at 12:0 | 1) a m. on the earlier of (b). The 90th day of | for the |
| s filed. | of a.m. on the earlier of. (b) The 50th day at | ter the |
| | | |
| ad AUGUST 13 2021 | | |
| 11010 | | |
| JET 174. | | |
| Signature of a member or authorized repres | | |

Typed or printed name of signee