

L19000 177 596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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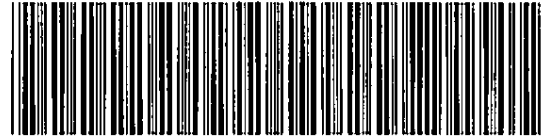
(Business Entity Name)

(Document Number)

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AUG 13 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MSWE INVESTMENT, 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:

BENJAMIN R. JACOBI, ESQ.

Name of Person

BENJAMIN R. JACOBI, P.A.

Firm/Company

1313 NE 125TH STREET

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

service.jacobilaw@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BENJAMIN R. JACOBI, ESQ. 305 893-4135
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

MSWE INVESTMENT, 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 JULY 18TH, 2019 and assigned
Florida document number L19000177596.

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:

485 NW 54TH STREET

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33127

Enter new mailing address, if applicable:

485 NW 54TH STREET

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33127

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:

485 NW 54TH STREET

Enter Florida street address

MIAMI

Florida

City

33127

Zip Code

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FARRAJ, MAJED	485 NW 54TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	FARRAJ, WAELI	485 NW 54TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	FARRAJ, SAED	485 NW 54TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	FARRAJ, ESA	485 NW 54TH STREET	<input type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Signature of a member

BENJAMIN R. JACOBI

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Filing Fee: \$25.00