LZ00000 11276

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700340596037

02/18/20--01036--019 **25.00

10:21:01 815:18:01

R. WHITE MAR 1 0 2020

COVER LETTER

Division of Corporations
SUBJECT: MJ Home unvestments 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:
JENNY BREVIL MURAT BREVIL
MJ HOME INVESTMENTS Firm/Company
5678 GREEN ISLAND DRIVE
City/State and Zip Code The O726 O Younge I Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TENNY BREVIL at (954), 663-2092 Name of Person at (954) Daytime Telephone Number
Enclosed is a check for the following amount:
U825.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Registration Section

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OVESTMENIDIFEE 18 F. 12 S.
The Articles of Organization for this Limited Liability	Company were filed on 162020 and assigned
Florida document number <u>L2000p 0 11 2</u>	76
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 AD)	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register	red office address on our records, enter the name of the new registere
agent and/or the new registered office address here	≟:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cuy Zip Couc

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 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>	Address	Type of Action
1 <u>GR</u>	MURAT BREVIL	5678 GREEN ISLAND	@\\J
		DRIVE LAKE WORTH	Remove
		F1 33463	Change
			□ Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□ Changa

		
_		
_		
_		
_		
_		
_		
-		
an effec <u>lote:</u> If	e date, if other than the date of filing:	
record : Lis filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.	ıe
ated _,	2/14/2020	
	Signature of a member or authorized representative of a member JENNY BREVIL Typed or printed name of signee	