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COVER LETTER

Registration Section Division of Corporations

TO:

MJY INVE	STMENTS LLC			
SOBJECT.	Name of Lim	nited 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:		
	JANISSA NUNEZ			
		Name of Person		
	MJY INVESTMENTS LL	С		
		Firm/Company		
	4020 DAIRY RD			
	 -	Address		
	MELBOURNE FL 32904			
		City/State and Zip Code		
	INVESTMENTSMJY@GN	MAIL.COM		
	E-mail address: (to be used for future annual report not	ification)	
For further information e	oncerning this matter, please c	all:		
JANISSA NUNEZ		407 401-0081		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$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 Addres Registration S		Street Address: Registration Se	ection	
Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 6327		The Centre of 1		
Tallahassee, l	TL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MJY INVESTMENTS LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Co	ompany were filed on 06/15/2021	and assigned
orida document number L21000277109	<u>_</u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		•
		• • • • • • • • • • • • • • • • • • • •
If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter the	name of the new regist
		. 1
Name of New Registered Agent:		
Now Dominton J Office Address.		4.
New Registered Office Address:	Enter Florida street address	e 2
	, Florid	9
	City.	Zin 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>	Address	Type of Action
AMBR	JANISSA NUNEZ	4020 Dairy Rd Melbourne FL, 32904	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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	e, if other than the date of filing: (opt	ional)
te: If the da	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after ate inserted in this block does not meet the applicable statutory filing requirements, the	
ument's eff	fective date on the Department of State's records.	
card enacifi	ing a delegand affective data but not an affective time at 12,01 a.m. on the applicant (h) The Oosh day after she
s filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	July 190, 2021.	
	\mathcal{I}	
	Signature of a member or authorized representative of a member	
	O-T	,
	IANISSA NUNEZ	