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## **COVER LETTER**

TO:

	Registration Se Division of Cor					
eiin iezv		ment Holdings, LLC				
SUBJECT:Name of Limited Liability Company						
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please reti	urn all correspo	endence concerning this matter	to the following:			
		Allen D Harkins				
			Name of Person		-	
		MAJ Investment Holdings	. LLC			
			Firm/Company		- 	(- <u>-</u> 2)
		P.O. Box 1564			7. C.	37. TTG
			Address			<u>ਰ</u> ਤ
		Marianna, FL 32447			65 1 100	-
			City/State and Zip Code		- 10 th	⊒√ .cr
		jhami66303@earthlink.net				E: 1:3
Dae Greba	- inthematice a	E-mail address: ( oncerning this matter, please e	to be used for future annual rep	ort notification)	,	ند
Allen D I		oncerning this matter, please e	850 573-0	960		
		e n	at ()			
	Name o	f Person	Area Code	Daytime Telephone Number	r	
Enclosed	is a check for th	ne following amount:				
<b>■</b> \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Statu	
Mailing Address: Registration Section		<u>Street Addr</u> Registratie				
	Division of C		Registration Section Division of Corporations			
ŀ	<sup>2</sup> .O. Box 632	.7	The Centr	e of Tallahassee		
Tallahassee, FL 32314		FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAJ Investment Holdings, 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 November 24, 2021 \_ and assigned 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.

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>	<u>Name</u>	Address	Type of Action
AMBR	John M Hamilton	3062 Rolling Hills Ln	
		Marianna, FL 32446	■Remove
			□Change
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