

h22 000146 972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

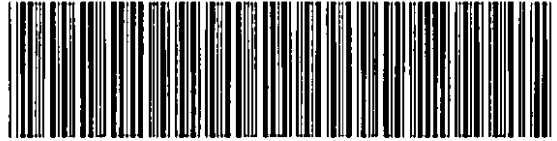
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/02/22--01014--012 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL
JUN - 2 AM 11:06

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

M & J INVESTMENT OF SW, LLC

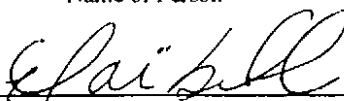
SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIBEL CESPEDES GONZALEZ

Name of Person



Firm/Company

603 COLUMBUS AVE

Address

LEHIGH ACRES, FL 33972

City/State and Zip Code

princitravel18@gmail.com

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

For further information concerning this matter, please call:

MARIBEL CESPEDES GONZALEZ

786

290-3395

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

FILED

M & J INVESTMENT OF SW, LLC

2022 JUN -2 AM 11:06

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

Sec. Clerk, State of Florida
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/25/2022 and assigned
Florida document number L22000146972

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

M & J INVESTMENT OF SW, LLC

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)

603 COLUMBUS AVE

LEHIGH ACRES, FL 33972

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

603 COLUMBUS AVE

LEHIGH ACRES, FL 33972

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:

MARIBEL CESPEDES GONZALEZ

New Registered Office Address:

603 COLUMBUS AVE

Enter Florida street address

LEHIGH ACRES,

Florida 33972

City

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

This document corrects the writing error made with the name of the company and the surname of the MB at the time of submitting the documents for registration.

FILED
2022 JUN -2 AM 11:06
SECRETARY OF STATE
TALLAHASSEE FL

05/01/2022

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated 05/13, 2022

Signature of a member or authorized representative of a member

MARIBEL CESPEDES GONZALEZ

Typed or printed name of signee