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COVER LETTER

TO:

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SHR IECT	MNJ INVE		•	
SOBJECT	•		ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
TO: Registration Section Division of Corporations MINI INVESTMENT FUND, 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: MATEO PALADINES Name of Person MNJ INVESTMENT FUND, LLC Firm/Company 5291 SW 155TH AVE Address MIRAMAR, FLORIDA 33027 City/State and Zip Code MATEOPALADINES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MATEO PALADINES Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{array}{c} \text{Mailing Address:} & \text{ S55.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed)} \text{ Certificate of Status & Certificate Copy (additional copy is enclosed)} \text{ Certificate of Status & Certificate Copy (additional copy is enclosed)} \text{ Certificate of Status & Certificate Copy (additional copy is enclosed)} \text{ Certificate Of Status & Certificate Copy (additional copy is enclosed)} \text{ Certificate Of Status & Certificate Copy (additional copy is enclosed)} \text{ Certificate Of Status & Certificate Copy (additional copy is enclosed)} Certificate Of Status & Certificate Of Corporations Mailling Address: Street Ad				
			Name of Person	filing. owing: me of Person m/Company Address te and Zip Code M for future annual report notification) 305 906-2462 (Area Code Daytime Telephone Number .00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section
		MNJ INVESTMENT FUN	ID, LLC	
			Firm/Company	
		5291 SW 155TH AVE		
			Address	
		MIRAMAR, FLORIDA 33	3027	
		-	City/State and Zip Code	
		NVESTMENT FUND, LLC Name of Limited Liability Company se of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: MATEO PALADINES Name of Person MNJ INVESTMENT FUND, LLC Firm/Company 5291 SW 155TH AVE Address MIRAMAR, FLORIDA 33027 City/State and Zip Code MATEOPALADINES@GMAIL.COM E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: ES at (Area Code Daytime Telephone Number for the following amount: cc \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) dress: on Section of Corporations 6327 The Centre of Tallahassee		
		F-mail address: (to be used for future annual report notif	fication)
For further	information co	oncerning this matter, please c	all:	
MATEO P	PALADINES			
	Name of	Person		e Telephone Number
Enclosed is	s a check for th	e following amount:		
≅ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	_		-	
	O. Box 632	-	·	•

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

MNJ INVESTMENT FUND. LLC

Stage Sur Any Sur (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)

The Articles of Organization for this Limited I Florida document number <u>L22000263825</u>	Liability Compan	y were filed on JUNE 09, 202	and assigned
riorida document number	-		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records, en	ter the name of the new registered
Ten and or the new regarded office address	as ucic.		
Name of New Registered Agent:	N/A		
	N/A		
New Registered Office Address:		Enter Florida street aa	dress
	N/A		, Florida N/A
		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 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

Title	<u>Name</u>	Address	Type of Action
MGR	MATEO PALADINES	5291 SW 155TH AVE MIRAMAR, FL 33027	= Add
			□Remove
			□Change
MGR	NICOLAS PALADINES	5291 SW 155TH AVE MIRAMAR, FL 33027	□Add
			□ Remove
			B Change
			□ Add
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executed in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 red is filed.	N/A		
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