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## COVER LETTER

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0110112/11		STMENT GROUP LLC						
SUBJECT:		Name of Lim	ited Liability Company					
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.					
Please return	n all correspo	ndence concerning this matter	to the following:					
		OSCAR A CABRERA CP	'A					
		<del>-11</del>	Name of Person					
		OSCAR A CABRERA PA						
		<del></del>	Firm/Company	<del></del>				
		28880 SW 164 AVE						
		**************************************	Address					
		HOMESTEAD, FL 33033						
		•••	City/State and Zip Code					
		OCABRERA@BELLSOU						
For further i	nformation co	ti-mail address: (	to be used for future annual report no all:	subcation)				
OSCAR A (			305 321-6207					
-	Name o	f Person	Area Code Dayti	me Telephone Number				
Enclosed is:	a check for th	ne following amount:						
\$25,00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	illing Addres		Street Address:	narion.				
Registration Section Division of Corporations			Registration Section Division of Corporations					
P.O. Box 6327			The Centre of					
Ta	llahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PILED 2022 AUG-2 PM 1:26 SECALIANA TALLAHASSEE, FL

NEJ INVESTMENT GROUP 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 Comp	pany were filed on JULY 25TH, 2022	and assigned	
Florida document number 1.22000326938			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	amending name, enter the new name of the limited liability company here:  w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  new principal offices address, if applicable:  cipal office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:  ing address MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address on our records, enter the name of the new registered		
The new name must be distinguishable and contain the words "Limited	me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  we principal offices address, if applicable:  It office address MUST BE A STREET ADDRESS)  we mailing address, if applicable:  address MAY BE A POST OFFICE BOX)  ending the registered agent and/or registered office address on our records, enter the name of the new registered after the new registered office address here:		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>		
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
		<del> </del>	
If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	, <u>, , , , , , , , , , , , , , , , , , </u>	<u></u>	
	Enter Florida street address		
	, Flor	ida Zip Code	
N B	•	zip Coae	
•			
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered o	olete performance of my duties, and t as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is	
The new name must be distinguishable and contain the words "Lim 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 agent and/or the new registered office address here:  Name of New Registered Agent: New Registered Office Address:  New Registered Office Address:  New Registered Agent ag			

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	NORIS MOREL LOPEZ REYES	8151 SW 189 STREET	□Add
		CUTLER BAY, FL 33157	
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the record specifies a delactord is filed.	yed effective date	, but not	an effecti	ve time, at	12:01 a.n	i. on the c	arlier of: (b	) The 90	Oth day	after th	٤
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