## L22000436977

| (Re                     | equestor's Name)     | ·-··-       |
|-------------------------|----------------------|-------------|
|                         |                      |             |
| (Ac                     | idress)              |             |
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|                         | ty/State/Zip/Phone # | <u> </u>    |
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| PICK-UP                 | MAIT                 | MAIL        |
|                         |                      |             |
| (Bu                     | isiness Entity Name) | )           |
| (0)                     | ocument Number)      | <del></del> |
| 00)                     | coment Namber)       |             |
| Certified Copies        | _ Certificates of    | Status      |
|                         |                      |             |
| Special Instructions to | Filing Officer:      |             |
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2023 SET 19 Mt 9: 4-3

A. PARISHANI OCT 0 1 2023

## **COVER LETTER**

| TO: Registration S Division of Co |  |  | ***              | ;  | r           |
|-----------------------------------|--|--|------------------|--|-------------|
| MNJ INVI<br>SUBJECT: ♥            | STMENT GROUP, LLC                            | •  |                  |  |             |
| <u></u>                           | Name of Lim                                  | nited Liability Company  |                  | -  | 2           |
|                                   |  |  |                  |  | 023         |
| The enclosed Articles of          | Amendment and fee(s) are sub                 | omitted for filing.  |                  | -  | 2023 SEP 19 |
|                                   |  | -  |                  | ; <u>.</u>   | 9           |
| Please return an correspond       | ondence concerning this matter               | to the following:  |                  |  | 3           |
|                                   | JOHNSON, NATASHA                             |  |                  |  | ف           |
|                                   |  | Name of Person   |                  | <del></del>  | 9: 1,3      |
|                                   |  | Name of reison   |                  |  |             |
|                                   | NATASHA, JOHNSON                             |  |                  |  |             |
|                                   |  | Firm/Company   | · · · —          | _  |             |
|                                   | 774 NW 103 TER APT 10                        | )1   |                  |  |             |
|                                   | <del></del>                                  | Address  |                  | _  |             |
|                                   | PEMBROKE PINES, FL.                          | 33026  |                  |  |             |
|                                   | <del>-</del>                                 | City/State and Zip Code  | <del></del>      | _  |             |
|                                   | MNJINVESTMENT20@G                            | MAIL.COM   |                  |  |             |
|                                   | E-mail address: (                            | to be used for future annual report noti                           | fication)        | <del>-</del>   |             |
| For further information of        | concerning this matter, please c             | all:   |                  |  |             |
| JOHNSON, NATASHA                  | <b>.</b>                                     | 786 2464074  |                  |  |             |
| Name (                            | of Person                                    | at ()<br>Area Code Daytim  | e Telephone Numb |  |             |
|                                   |  |  |                  |  |             |
| Enclosed is a check for t         | he following amount:                         |  |                  |  |             |
| □ \$25.00 Filing Fee              | ■ \$30.00 Filing Fee & Certificate of Status | ☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certifi          | Filing Fee,<br>cate of Star<br>ed Copy<br>nal copy is en | tus &       |
| Mailing Addre                     |  | Street Address:  |                  |  |             |
| Registration Division of (        |  | Registration Sec<br>Division of Cor                                |                  |  |             |
| P.O. Box 63:                      | •  | The Centre of T  | •                |  |             |
| Tallahassee                       | FI 32314                                     | 2415 N. Monro  | e Street Suite   | 810  |             |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT

| TO                       |
|--------------------------|
| ARTICLES OF ORGANIZATION |
| OF                       |

| MNJ INVESTMENT GROUP, LLC  |  |   |
|--|--|---|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | nny as it now appears on our records.)<br>Liability Company) | 14 : 19 : 19 : 14 : 14 : 14 : 14 : 14 : |
| he Articles of Organization for this Limited Liability Company orida document number $\frac{L22000436977}{L22000436977}$ . | were filed on 10/10/2022                                     | and assigned                            |
| nis amendment is submitted to amend the following:   |  |   |
| . If amending name, enter the new name of the limited liab   | ulity company here:  |   |
| ne new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the a                | bbreviation "L.L.C."                    |
| nter new principal offices address, if applicable:   | 800 SW 131st AVE APT F105                                    |   |
| Principal office address MUST BE A STREET ADDRESS)   | PEMBROKE PINES,FL 33027                                      |   |
| nter new mailing address, if applicable:   | 800 SW 131st AVE APT F105                                    |   |
| <u> 1ailing address MAY BE A POST OFFICE BOX)</u>  | PEMBROKE PINES, FL 33027                                     |   |
| If amending the registered agent and/or registered office agent and/or the new registered office address here:             | address on our records, <u>enter the nar</u>                 | ne of the new regis                     |
| Name of New Registered Agent:  |  |   |
| New Registered Office Address:   | Enter Florida street address                                 |   |
|  | , Florida  |   |
|  | 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> | Name             | <u>Address</u>            | Type of Action |
|--------------|------------------|---------------------------|----------------|
| MGR          | CUELLAR, MICHAEL | 800 SW 131st AVE APT F105 | <b>≣</b> Add   |
|              |                  | PEMBROKE PINES, FL 33027  | □ Remove       |
|              |                  |                           |                |
| MGR          | JOHNSON, NATASHA | 774 NW 103 TER ΑΡΊ 101    | □Add           |
|              |                  | PEMBROKE PINES, FL 33026  | ≣Remove        |
|              |                  |                           | □Change        |
|              |                  |                           |                |
|              |                  |                           | <b></b> Remove |
|              |                  |                           | Change<br>F    |
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|              |                  |                           | □ Change       |

|   | te, if other than the date of filing:  [Optional]  Jate is listed, the date must be specified and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 602.020 date instred in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.  July 2013  July 2014  July 2015  Ju |  |                 |                  |                    |                  | _ <del></del> . |
|---|--|--|-----------------|------------------|--------------------|------------------|-----------------|
| Effective date, if other than the date of filing:  [In effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to Mote:  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records.  [If coord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a d is filed.         | tte, if other than the date of filing:   |  | <del> </del>    |                  |                    |                  | <del> </del>    |
| Effective date, if other than the date of filing:  (aptional)  I'm 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 More:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be blocument's effective date on the Department of State's records.  Trecord specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day a d is filed. | tte, if other than the date of filing:   | <del> </del>   |                 |                  | <u>.</u>           |                  |                 |
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| ffective date, if other than the date of filing:  (a) (optional)  (a) 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 tote:  (b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records.  (c) The 90th day a d is filed.  | tte, if other than the date of filing:   |  |                 | <del></del>      |                    |                  | ىت<br><u>نې</u> |
| ffective date, if other than the date of filing:  (a) (optional)  (a) 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 dote:  (b) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records.  (c) The 90th day a d is filed.  | tte, if other than the date of filing:   |  |                 |                  |                    | ·                |                 |
| ffective date, if other than the date of filing:  | ite, if other than the date of filing:   |  |                 |                  |                    |                  | 2               |
| ffective date, if other than the date of filing:  | te, if other than the date of filling:   |  |                 |                  |                    |                  | . ب             |
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| d is filed.   | 2023   | an effective date is listed, the date must be specific and canno <b>Note:</b> If the date inserted in this block does not meet the | ie applicable : |                  | e than 90 days aft | er filing.) Purs |                 |
| Pated 09/12 2023  |  |  | fective time, a | t 12:01 a.m. on  | the earlier of: (  | b) The 90th      | h day after the |
| ~ ( / (   | Signature of a member distuitionized representative of a member  | Dated 09/12 202  | 13<br>AL ()     | 7-               |                    |                  |                 |
| Signature of a member of duthorized representative of a member  |  | Signature of a monbe   | r dr withorized | representative o | 'a member          |                  | ·               |
| JOHNSON, NATASHA  Typed or printed name of signee   |  | 1 8 10%  |                 | IC OF MEHCE      |                    |                  |                 |

Filing Fee: \$25.00