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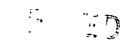
COVER LETTER

TO: Registration Section

Division of Corporations			
ARJ IN	VESTMENTS II, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KURT ZIMMERMAN		
		Name of Person	
	ZIMMERMAN & ASSOC	CIATES	
		Firm/Company	
	2400 E. COMMERCIAL	BLVD., SUITE 820	
		Address	
	FORT LAUDERDALE, F	L 33308	
		City/State and Zip Code	
	KURT@ZIMMERMANLA E-mail address: (AW.COM to be used for future annual report not	(fication)
For further information of	oncerning this matter, please c	·	,
KURT ZIMMERMAN		954 202-7440	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	he 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 S Division of C	Section	Street Address: Registration Se Division of Co.	
P.O. Box 632 Tallahassee.	27	The Centre of	•
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 AUG 14 AH 7: 24 ARJ INVESTMENTS II. 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 August 7, 2023 and assigned Florida document number __L23000375340 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 "LLC." 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 _. Florida __ City

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>	Address	Type of Action
MGR Rodrigo Schalk Cambiaghi	2606 Tranquility Way		
	Kissimmee, FL 34746	■Remove	
		□Change	
MGR Anja Schalk Cambiaghi	Anja Schalk Cambiaghi	2606 Tranquility Way	□ Add
	Kissimmee, FL 34746	■ Remove	
MGR ARJ Investment Group, LLC	470 SE 4th Court		
	Pompano Beach, FL 33060	🗀 Remove	
			Change
		□Add	
		□Remove	
			□ Change
		□Add	
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<u>iote:</u> l	e date, if other than the date of filing: (optional) tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record I is file	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 f.
ated _	Signature of a member of authorized representative of a member
	16. Zu-
	Signature of a member of authorized representative of a member
	1 CURT Zimmerman Typed or printed name of signee
	10101 CITITIETY WA

Filing Fee: \$25.00