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SECRETARY OF STATE
TALL AHASSEE, FLORID

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	TAJ V	entures, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Jonah Gouin	
		Name of Person :	
		Firm/Company	
		250 NW 23rd St #201	<u>.</u>
		Address	·
		Miami, FL 33127 City/State and Zip Code	
		•	
		jonahlg@gmail.com to be used for future annual report	notification)
For further information	concerning this matter, please of	call:	
	lonah Gouin	at ( 305 )	401-7064
Name	of Person	Area Code & Da	ytime 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AJ Ventures, LLC			
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appear rida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabil  Florida document number	· · ·	11/15/11	and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	DDRESS)			
		, <b></b>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>		<del></del>	
training wantess mill be fit out of the box				
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:				
New Registered Office Address:	F	ton Florido otros e e e	J	
	Enter Florida street address			
_	City	, Florida	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member, being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> Name **Address Type of Action** MGR Allan Guertin 55 La Loma Dr ☐ Add Menio, CA 94025 ✓ Remove ☐ Add Remove Add 🔲 Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Signature of a member or authorized representative of a member

Jonah Gouin

Typed or printed name of signee

2012

May 24

Dated \_\_\_

Filing Fee: \$25.00