# 103000033536

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phon	e #)		
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EXAMINER

SECRETARY OF STATE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2010

ALBERTO KAMHAZI 15801 BISCAYNE BLVD., SUITE 203 NORTH MIAMI BEACH, FL. 33160

SUBJECT: AJ 18 INVESTMENT LLC Ref. Number: L03000033536

We have received your document for AJ 18 INVESTMENT LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 410A00017192

SECRETARY OF STATE

# **COVER LETTER**

Division of Co	rporations	•		
SUBJECT:	AJ 18 IN	VESTMENT LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		Alberto Kamhazi		
		Name of Person		
-		Firm/Company	<del></del>	
	15801	Biscayne Blvd., Suite 203		
		Address		
•	NORT	H MIAMI BEACH, FL 33160		
	• •	City/State and Zip Code		
	into E-mail address: (	O@ckholdinggroup.com to be used for future annual report notificatio	<del></del> ≥s ≅	
For further information	concerning this matter, please	·	CRETAL 2	MARKET AND A
Alb	oerto Kamhazi		-1255 E	fra.
Name Enclosed is a check for	of Person the following amount:	Area Code & Daytime Tele	ephone Number	graph t
\$25.00 Filing Fee	\$30.00 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)	

### MAILING ADDRESS:

TO:

**Registration Section** 

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 18 INVE	STMENT LLC			
(Name of the Limited Liability Con (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp  Florida document numberL03000033536	any were filed on	04/16/2010	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "I" L.L.C."	Limited Liability Comp	any," the designation "I	LLC" or the abb	previation
Enter new principal offices address, if applicable:		**************************************		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		10 M	
		, r		- #
				America.
Enter new mailing address, if applicable:			SEL S	£ orpin j
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
			OFF S	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter t	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
	E	nter Florida street add	tress	
	, 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 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 Type of Action <u>Title</u> <u>Name</u> **Address** MGR KAMHAZI, JACOBO 10175 COLLINS AVE. # 1104 ☐ Add Remove BAL HARBOUR FL 33154 🗖 Add Remove ☐ Add Remove Add Remove  $\square$ Add Remove ∠ Add Remove.... D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) July 13 2010 Dated Signature of a member or authorized representative of a member **ALBERTO KAMHAZI** 

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00