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COVER LETTER

	ration Sect n of Corpo			
CJ SUBJECT:	ENTERPI	RISES LLC		
		Name of Limi	ted Liability Company	
The enclosed Ar	ticles of A	mendment and fee(s) are subt	mitted for filing.	
Please return all	correspond	lence concerning this matter t	to the following:	
		CAMPO DIAZ		
			Name of Person	13.11.
		CJ ENTERPRISES LLC		
Firm/Company				
		3210 SW 92 CT.		
			Address	
		MIAMI, FL. 33165		
			City/State and Zip Code	
		RICOZMAR@YAHOO.CC		
		E-mail address: (t	to be used for future annual report notific	cation)
For further infor	mation con	cerning this matter, please ca	alt:	
RICO ORTIZ			786 970-7999 at ()	
	Name of F	erson	Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the	following amount:		
■ \$25.00 Filin	g 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

CJ ENTERPRISES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 11/12/2003	and assigned
Florida document number L03000043632		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-,	
Principal office address MUST BE A STREET ADDRESS)	·	
Enter new mailing address, if applicable:		A CO THE
Mailing address MAY BE A POST OFFICE BOX)		OF STATE
Maning marcss MAT BLATOST OTTICL BOX	·	ORA F:
,		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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

MGR = Manager AMBR = 'Authorized Member

<u>Title</u>	<u>Name</u> `	Address	Type of Action
MGR	YENETH JIMENEZ		□ Add
			Remove
			☐ Change
MGR	YANETH JIMENEZ		B Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
		<u>-</u>	Add
			Remove
			☐ Change
			· Add
			□ Remove
,			Change
			Add
	•		Remove
			75 P 4: I
	Pa	ge 2 of 3	u: -

lf am	ending any other information, ente	er change(s) here: (Attach ad	dditional sheets, if	necessai	y.)	
						
						
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(If an e	tive date, if other than the date of fifective date is listed, the date must be specific. If the date inserted in this block does ment's effective date on the Department.	c and cannot be prior to date of filing of meet the applicable statutory	or more than 90 days	ptional) after filing this date	g.) Pursua	ant to 605.0207 (on the listed as the
	ecord specifies a delayed effective 90th day after the record is file		ive time, at 12:0)1 a.m.	on th	e earlier of:
Dated	06/24/2016	2, .				
> /	'Smiles	1/1/n			2015	- 1
	/Signetture o	of a member or authorized represen	tative of a member		 =	Suarane decares
	CAMPO DIAZ			RY O	25	<u> </u>
		Typed or printed name of sign	nee	- 14 EE	U	<u> </u>
				STATE	#	,—
		Page 3 of 3		≽ Γπ	0	

Filing Fee: \$25.00