

06/18/2031 00:00

**L04000051393**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
C.H.I.J. COMPANY, L.L.C.**

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August 6, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: C.H.I.J. COMPANY, L.L.C.  
REF: L04000051393

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: E13000173420  
Letter Number: 813A00018765

RECEIVED  
13 AUG -6 PM 12:22  
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05/19/2031 00:06  
Aug 05 13 11:06a

TAX MANAGEMENT SERVICES C

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FILED 03/005  
p.2

2013 AUG -6 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H13000173420  
ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

C.H.I.J. COMPANY, 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 JULY 12, 2004 and assigned  
Florida document number L04000051393

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 end with the words "Limited Liability Company," the designation "LLC" 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:

(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:

CELSO LOPES

New Registered Office Address:

15010 SW 112 TERRACE

Enter Florida street address

MIAMI

City

Florida 33186

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ISAIA FLORIANO DI BELLO	15010 SW 112 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
MGR	HELIO TAKASHI KODAMA	15010 SW 112 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
MGR	JURANDIR BIANCHI JUNIOR	15010 SW 112 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Remove
MGR	CELSO LOPES	15010 SW 112 TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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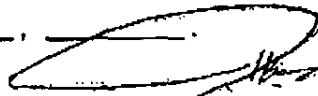
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p.4

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

CELSON LOPES

Typed or printed name of signer

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