

LO4 000076629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

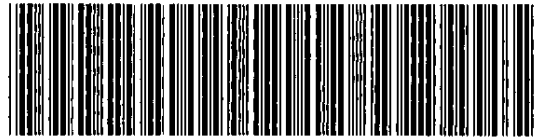
LO4-76629

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700159845637

09/03/09--01025--004 **25.00

FILED
09 SEP 17 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

SEP 04 2009

EXAMINER

112



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2009

LILIANA CARDONA
PO BOX 2386
HALLANDALE, FL 33008

SUBJECT: L.J.PROFESSIONAL SERVICES LLC
Ref. Number: L04000076629

We have received your document for L.J.PROFESSIONAL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of 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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 009A00029653

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L.J Professional Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Liliana Cardona

Name of Person

L.J Professional Services LLC

Firm/Company

Po Box 2386

Address

Hallandale, FL 33008

City/State and Zip Code

✓ castrojohna@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

liliana Cardona

Name of Person

at (786)

3576123

Area Code & Daytime 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**

L.J Professional Services 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 10/22/2004

Florida document number L04000076629

FILED
09 SEP 27 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

L.J Group USA LLC.

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)

Po Box 2386
Hallandale Fl 33008

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARIA CASTRO	PO BOX 2386 HALLANDALE, FL 33008	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ALEXANDRA FLOREZ	PO BOX 2386 HALLANDALE, FL 33008	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
09 SEP 27 AM 11:56
ST. JAMES
FILED

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

LILIANA CARDONA GOES FROM MGR TO MGRM AND ALSO HER

ADDRESS CHANGES TO: PO BOX 2386 HALLANDALE, FL 33008

Dated 08/27, 2009

Signature of a member or authorized representative of a member

LILIANA CARDONA

Typed or printed name of signee