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J. BRYAN

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EXAMINER

COVER LETTER

Division of C			
SUBJECT:	CIJA Financia	l Lending Group, LLC	
		ited Liability Company	
	of Amendment and fee(s) are su	-	THE MILES
		Jennifer Archila	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	927
	CIJA Fi	nancial Lending Group, L	_C.
		Firm/Company	
		628 52nd Street	
	-	Address	
	Wes	t Palm Beach, FL 33407	
		City/State and Zip Code	
	je E-mail address: (narchila@hotmail.com to be used for future annual report no	tification)
For further information	concerning this matter, please	call:	
Je	ennifer Archila	_{at (} 561 ₎ ·	370-9147
Name of Person			ime 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 enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIJA Financia	al Lending Group,	LLC.	
(<u>Name of the Limited Liability</u> (A Florida L	Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	08/27/2007	and assigned
Florida document numberL0700087555			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :	
·			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADDR	ESS)		
		51	SE =
		LAT	品
Enter new mailing address, if applicable:			强上厂
(Mailing address MAY BE A POST OFFICE BOX)		1	器 弄 而
			FFS = O
		,	94. 5
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addr	ered office address on	our records, enter t	he name of the nev
The second secon	ess nere.		
Name of New Registered Agent:			·
New Registered Office Address:			
	Eı	nter Florida street addi	ess
		, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title <u>Name</u> <u>Address</u> Type of Action Francisco N. Garcia MGR 140 NE 2nd Avenue ☐ Add Remove Miami, FL 33132 ___ Jennifer Archila MGR 628 52nd Street ✓ Add West Palm Beach, FL 33407 Remove ☐ Remove ☐ Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 1 2011 Dated _____ Signature of a member or authorized representative of a member Jennifer Archila Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00