108000020316

(Rec	uestor's Name)	
(Adc	Iress)	
(Add	Iress)	
	•	
(City	/State/Zip/Phone	ə #)
		MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
	Office Use On	lv



09/12/08--01008--003 **25.00

2013 SEP 12 AH 10: 51

T. CLINE SEP 15 2008 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: C & J Painting & Carpentry 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:

Desdemora Molina

(Name of Person)

(Firm/Company)

13220 sw 58 terrace Bld 16 unit#4

(Address)

(City/State and Zip Code)

Miami fl,. 33183

For further information concerning this matter, please call:

Desdemora Molina (Name of Person)

Enclosed is a check for the following amount:

2 \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

at (305) 781-9828

□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

U

SEP 12

AH 10:

S

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 +

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· · · · · · · · · · · · · · · · · · ·		
C & J Painting & Carpentry Services LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ay as it now appears on our rec iability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on <u>2/26/2008</u>	and assigned
Florida document number 1.08000020316		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	۰ ۰
N/A		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A	FR RE
(Principal office address MUST BE A STREET ADDRESS)		
		FSI III
Enter new mailing address, if applicable:	N/A	in it is
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent	N/A	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	N/A	
	(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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

- 4

L

<u>Title</u>	Name	Address	Type of Action
MGR	Desdemora Molina	13220 sw 58 terrace Bld 16 Suite # 4	Add Remove
• 		ری ج <u>ب</u> ۱۰٫ جبا	Add Remove
			Add Femove
			Add Remove
			Add Remove
		s) here: (Attach additional sheets, if necessary.)	
	nanging my previous last name " Cabrer e make any necessary changes . Once a	a " to my current last name as single " Molina ". Igain, my new last name is " Molina "	-
			-
Dated Septemb	(Inc)	authorized representative of a member	
_	JE She M D Typed or	24 Moliney printed name of signee	

Page 2 of 2

Filing Fee: \$25.00