## 108000023979

(Re	questor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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D. BRUCE MAY 10 28/0 EXAMINE

## **COVER LETTER**

Division of C						
SUBJECT:	8037 N.E. 2	ND AVENUE, LLC				
SUBJECT:		ted Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
		Edouard Siclait				
		Name of Person				
		Firm/Company				
		2961B Day Avenue				
		Address			5	
		Miami, Florida 33133		A A A A	MAY-	
		City/State and Zip Code		SEE YX	7	
	E-mail address: (	edsiclait@cs.com to be used for future annual report notifies	ation)		₽ 3:	
For further information	concerning this matter, please of	all:			မှ အ	
	douard Siclait	at (	43-2862			
Name	e of Person	Area Code & Daytime	l'elephone 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)	Certified	te of Status		ed)
	LING ADDRESS: stration Section	STREET/COURIE Registration Section	R 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

8037 N.E. 2ND A	<u>VENUE, LL¢</u>	<u> </u>	
(Name of the Limited Liability Company (A Florida Limited Liab	<u>as it now appear</u> pility Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document numberL08000023979	ere filed on	03/06/2008	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability	ty company here	<u>e</u> :	
A.J.N.S. Enterpri	ises, LLC		
The new name must be distinguishable and end with the words "Limited "L.L.C."		ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			Eg s
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		ORIDA	TILL D
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on o	ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ent	er Florida street addi	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 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 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 = N	lanaging Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	***************************************		Add
			Kemove
			Add Remove
<del></del>			Add
			Add Remove
			Remove
D. If amend	ding any other information,	enter change(s) here: (Attach additional shee	ts, if necessary SSET OF
			3: 36 LORNINA
_			
Dated	May 4th		
		105	
	Signature	of a member or authorized representative of a me	mber
		Edouard Siclait Typed or printed name of signee	

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Filing Fee: \$25.00