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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 28, 2017

CARMEN MORA 2290 N RONALD REAGAN BLVD STE 120 LONGWOOD, FL 32750

SUBJECT: CJ SOLUTIONS LLC Ref. Number: W17000094032

We have received your document for CJ SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 917A00023887

COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	ECT:	OS Salut Name of Limi	ted Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
			asmon more		
		Os Selu	Name of Person		
		2290 N.	Firm Company	u Blid, Sute 12	ク
		Pagwood	Address 32750		
		C Solution E-mail address: (1)	City/State and Zip Code SKAC 2009 & Grant To be used for future annual report notifi	ail-Con	
For fur	ther information cor	ncerning this matter, please ca			
	Carnon	mora	at (<i>407</i>) 301	9662	
7	Name of I	Person	Aréa Code Daytime	Telephone Number	
Enclos	ed is a check for the	following amount:			
□ \$2.	5.00 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

(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 ///b /2009 and assigned Florida document number 69 000 //0 250 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 contain 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: New Registered Office Address: Enter Florida street address Enter Florida street address Lip Code New Registered Agent's Signature, if changing Registered Agent:	CS Selutions the	
Florida document number		
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address Enter Florida street address Florida Zip Code	The Articles of Organization for this Limited Liability Company were filed on $\frac{1//16/2009}{10009}$ and assigned florida document number $\frac{L09000/10250}{100000000000000000000000000000000000$	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal office 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: New Registered Office Address: Enter Florida street address Lip Code	This amendment is submitted to amend the following:	
Enter new 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: New Registered Office Address: Enter Florida street address	A. If amending name, enter the new name of the limited liability company here:	
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: New Registered Office Address: Enter Florida street address	The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LEC" or the abbreviation "L.L.C."	_
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:	Enter new principal offices address, if applicable:	_
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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:	Enter new mailing address, if applicable:	
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:	miles on the	_
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Zip Code		new
New Registered Office Address: Enter Florida street address , Florida City Zip Code	egistered agent and/or the new registered onice address nere.	
Enter Florida street address , Florida	Name of New Registered Agent:	_
, Florida		_
City Zip Code	Emer Pioriaa sireci aaaress	
New Registered Agent's Signature, if changing Registered Agent:		
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	due Peres	255 - Numera Blig	Sle Add
		255 - Pamera Blig 160, Pako Mary In	32796 PRemove
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Filing Fee: \$25.00