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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Dx	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

CJ.D.M LI	.C		
URJECT:	Name of Lim	ited Liability Company	
ie enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	C.J.D.M LLC		
		Firm/Company	
	16400 Collins Ave Apt. 17	45	
		Address	
	Sunny Isles Beach, FL 331	60	
		City/State and Zip Code	
	jcpalacios@creamedios.con		
		to be used for future annual report notific	ation)
or further information c	oncerning this matter, please c	al!:	
UAN PALACIOS		305 400-1949 at ()	
Name o	f Person	Area Code Daytime	felephone Number
nclosed is a check for the	he 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

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, F1, 32301

## DocuSign Envelope ID: 58B67D41-84B9-4F09-BB0F-EEB2045A0DB0 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

C.J.D.M LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 06/18/2010	and assigned
Florida document number L10000065514		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	1
N/A		男 二
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation 31.1.8
Enter new principal offices address, if applicable:	N/A	27
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	200
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	office address on our records.	enter the name of the new
registered agent and/or the new registered office address he	re:	
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	la
	Cuy	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 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

DocuSign Envelope ID: 58867D41-84B9-4F09-BB0F-EEB2045A0DB0
II 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	MARIA PALACIOS	16400 Collins Ave Apt 1745	
		Sunny Isles Beach, FL 33160	Remove
			☐ Change
MGR	MARIA PALACIOS	16400 Collins Ave Apt, 1745	Add
		Sunny Isles Beach, FL 33160	□ Remove
			Sign Change T
MGR	JUAN PALACIOS	16400 Collins Ave Apt. 1745	
		Sunny Isles Beach, FL 33160	Romanye U
			⊋ <b>ge</b> ☐ Change
MGRM	JUAN PALACIOS	16400 Collins Ave Apt. 1745	Ādd
		Sunny Isles Beach, FL 33160	□ Remove
			Change
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		October 16, 2	017		
Effective date, if other If an effective date is listed, the	than the date of fi	iling:		than 90 does offer (5)	al)
Note: If the date inserted	in this block does n	ot meet the applical	ole statutory filing r	equirements, this d	ate will not be listed a
document's effective date	on the Department	of State's records.			
he record specifies a The 90th day after	the record is file	ed.	an effective tim	e, at 12:01 a.r	n. on the earlier o
October 16		2017			
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Typed or printed name of signee

Filing Fee: \$25.00