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COVER LETTER

TO: Registration Section

Division of Co	orporations		
CJHJ, LL	С		
SUBJECT:	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
	Manuel A. Ramirez, Esq.		
		Name of Person	 _
	 _		
	1805 Ponce de Leon Blvd, Suite 500		
		Address	三
	Coral Gables, Florida 331	34	3 - 1
		City/State and Zip Code	ALCON STATE OF STATE
	mramirez@castroramirez.c	om (to be used for future annual report notific	ation)
For further information	concerning this matter, please c	•	Din I
Manuel A. Ramirez		305 372-2800	
Name	of Person	at ()Area Code Daytime 1	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)	☐ \$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/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CJHJ, LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on November 3, 2010	and assigned		
Florida document number 1.1000014651				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
FlyHonda, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1805 Ponce de Leon Blvd., Suite 500			
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, Florida 33134			
Enter new mailing address, if applicable:	1805 Ponce de Leon Blvd Suite 500	TALL SECOND		
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, Florida 33134			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter</u> <u>e</u> :	the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	•	г.ф Соас		

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

r remoyed	from our records:	I to manage, <u>enter the title, name, an</u>	o address w cach person lighty ad	
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te: If the date inserted cument's effective date	in this block does not r	neet the applicable	statutory filing requi	irements, this date	willings be listed
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ted July 27		2017	,		
ted	Men	MM	-MMr	M	
	₩ignature of a	member or authorize	d representative of a mo	ember V	
Manuel A. Rar	nirez, as attorney for th	e LLC			

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Filing Fee: \$25.00