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SECRETARY OF STATE
ANASSEE, FLORIDA

J. BRYAN
MAY 1 7 2011
EXAMINER

## **COVER LETTER**

TO: Registration Division of C	Section Corporations	
SUBJECT:	CJ Guy Club 1 LLC Name of Limited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Cray Teller Name of Person	TALLAHASS
	Firm/Company	SSEE RY OF
	9320 Trent ct	ONIT D
	Boxa RATON FC City/State and Zip Code C+ 123 @ Bell Se	33433 wth.net
	E-mail address: (to be used for future annual report n	otification)
For further information	on concerning this matter, please call:	
CrA1 y Nam	Teller at (Sb) 350  at (Code & Day)	time Telephone Number
Enclosed is a check fo	or the following amount:	
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Sed) 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

CJ GUNG	Juh 1 44	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on o ed Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Comp	any were filed on	25/2011 and assigned
This amendment is submitted to amend the following:		器三
A. If amending name, enter the new name of the limited	liability company here:	SSEE F
The new name must be distinguishable and end with the words "I" L.L.C."	Limited Liability Company," th	te designation "LLC" aptre abbreviation
Enter new principal offices address, if applicable:		<i>M</i> /4
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N/A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		cords, enter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Flo	orida street address
	2.770, 1 10	
**************************************	City	, Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** MGRM Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00