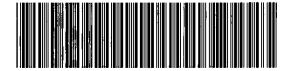
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SEGRETARY OF STATE
FALLAHASSEF, FI ORIDA

J. SAULSBERRY EXAMINER

JUL 13 2011

COVER LETTER

Division of Corporations				
SUBJECT: CJT1 Properties L.L.C. Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Karina Tama				
Name of Person				
CJT1 Properties L.L.C.				
3509 Monegio ST Address				
Address				
Coral Gables, F/ 33134				
Coral Gables, F/33134 City/State and Zip Code Lakaan tamas yawoo.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Karing Tama at (954) 6873830 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Solon Filing Fee & Certified Copy (additional copy is enclosed)}} \text{\$\text{Solon Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}}} \$\text{\$				

MAILING ADDRESS:

TO:

Registration Section

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

CJ11 Prope	ites L.C.	
(<u>Name of the Limited Liab</u> (A Flori	lity Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabilit Florida document number <u>L1100003</u> 9		and assigned
This amendment is submitted to amend the following	ÿ;	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		20 III
(Principal office address MUST BE A STREET AD	DRESS)	ARE E T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		II AM 9: 34 RY OF STATE SSEE, FLORIDA
B. If amending the registered agent and/or re registered agent and/or the new registered office a	0	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
		, 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 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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			-
			Add Remove

			Add Remove
			_ _ _
			Add
			Remove
			∏Add
			Remove
			-
			✓ Add ✓ Remove
D Ifamer	nding any other information, enter ch	sungals) heres (Attach additional shoots if necessary)	
D. 11 and	I would like to a	ange(s) here: (Attach additional sheets, if necessary) allocate the percentage be company as follow: 55 20%	ARY ME
-	RICK down of 4	be company on Sollow: 5=	
_	Karina Tama	20%	18:6 D
_	LK Property One 1 40	c 40%	
	LK Purperty One 1.60 Marc Cabrera	40%. Effective Inmedi	ictlu
Dated	5/22/11		_ 7
Dated	,		
	Signature of a mer	mber or authorized representative of a member	
	KARI		
		ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00