# #L11000050950

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(Cit	y/State/Zip/Phone	÷#)
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K.SALY EXAMINER FEB 12 2014

### **COVER LETTER**

Division of Cor	porations		
SUBJECT: C. J. Mi	itigation Partners LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Carolyn Riegl	er	
		Name of Person	
		Firm/Company	
	1010 Albany C	ourt	
		Address	
	Naples, FL 341	05	
		City/State and Zip Code	
	Carolyn@fiwacial	resultslic.com to be used for future annual report noti	(fication)
For further information c	oncerning this matter, please co	,	,
Carolyn Riegle	r	248 721-8070	)
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed 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 (additional copy is enclosed)
Registr	ING'ADDRESS: ration Section	STREET/COURI Registration Section	

P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
TOTALEB 10 D
SECRETARY OF STATE

	ST TU PM,
C.J. Mitigation Par	tners LLC IALIANT IARY 1:58
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
(A rionus climited L	rtners LLC  IN A SECRETARY  IN
The Articles of Organization for this Limited Liability Company	(1.4 /*10 /*H14 4
Florida document number L11000050950	
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1010 Albany Court
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34105
Trincipal office address 17051 DB 115111251 11DDRESS	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new
registered agent and/or the new registered office address here	2:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Litter 1 101 mm 311 eet mmm e33
<del></del>	, 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	Name	Address	Type of Action
			□ Remove
			☐ Remove
			□ Add
			□ Remove
			·
	<del></del>		Add
		<del> </del>	□ Remove
			□ Remove
		****	<del></del>
			Add
			□ Remove

D.	Ifam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E.	(The eff	tive date, if other than the date of filing:
	Dated	February 6
		Signature of a member or authorized representative of a member  Carolyn Riegler
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00