L11000060449

(Re	questor's Name)	
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COVER LETTER

TO: Registration Division of C				
CIJA II	, LLC			
SUBJECT: Name of Lim		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
- !	Christopher H. Saia			2014 NO
		Name of Person		
	CIJA II, LLC			552 0
		Firm/Company		
	4713 Broadway			
		Address		12 FT.
•	West Palm Beach, I	FL 33407		
	service@saia-law.co	City/State and Zip Code		
	-	to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
Christopher H. S	aia	786 888-6354		
Name	e of Person		: Telephone 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)	Certificate Certified Co (additional co	of Status &
Regi	ILING ADDRESS: stration Section sion of Corporations	STREET/COURI Registration Section Division of Corpora	n	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIJA II, LLC		15 A
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	- E
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000060449</u> .	were filed on <u>5/23/2011</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4713 Broadway	
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 334	07
Enter new mailing address, if applicable:	4713 Broadway	
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, FL 33407	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		nter the name of the nev
	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	, Florid	
	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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jennifer Archila	721 46th Street	
_		West Palm Beach, FL 33407	Remove
MGR	Christopher Saia	4713 Broadway	A SOLUTION AND A SOLU
		West Palm Beach, FL 33407	Q Remove
			Add
			□ Remove
			Add
			□ Remove
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	_ 20 <u>2</u>
	2014 1854
E. Effective date, if other than the date of filing:	THE SOUTH
Dated November 5 2014	
Signature of a member or authorized tepresentative of a member Jennifer Archila Typed or printed name of signee	

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Filing Fee: \$25.00