L11000071081

-
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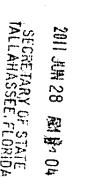
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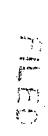
EXAMINER

RETURN ADRESS COVER LETTER

CLAUDIA V. GARRIDO 5900 NW 6TH AVE APT 101 MIAMI FL, 33127 CONTACT NO. (305) 519-7919

> OTHER CONTACT KEYLA CASTILLO (786) 238-9682





COVER LETTER

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TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of C	Corporations				
SUBJECT:	CJK Immigr	ration & Services LLC			
	.	mited Liability Company			
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.			
Please return all corres	spondence concerning this matt	er to the following:			
		Claudia V. Garrido			
		Name of Person			
	CJK	Immigration & Services Ll	LC		
		Firm/Company			
	5900 NW 6th Ave APT 101		_		
		Address		121 281	
		Miami FL, 33127		CRE AH	*30.7
		City/State and Zip Code		JUN 28 CRETARY AHASSE	asea grass
	Cjk E-mail address	immigrations@gmail.com : (to be used for future annual report n	notification)	H. F. A.	
For further information	n concerning this matter, please	e call:		STATE STATE	,
K	eyla C. Castillo	at (786)	238-9682		
Nam	e of Person	Area Code & Day	ytime Telephone Numbe	r	
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) Certified	ate of Status &	ed)
Regi Divi	ILING ADDRESS: istration Section sion of Corporations Box 6327	STREET/COU Registration Se Division of Cou Clifton Buildin	rporations		

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CJK Immigration	& Services LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our recording the control of the control	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on June 20, 20	and assigned
Florida document numberL11000071081		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designat	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1924 NW 17th Avenue	75 Ze
(Principal office address MUST BE A STREET ADDRESS)	Miami FL, 33125	ECRETARY 28
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ORIDE ORIDE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	Enter Florida stree	et address
	, Floric	la Zip Code
	<i>,</i>	-7 - 2

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRN	Gladys D. Ramirez	3586 NW 41st Street LOT A122 Miami FL, 33142	Add Remove
			Add Remove
			Add Remove
		TALL SEC	- Manaye
		AET	2
			Add Remove _
D. If an	nending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
	CJK Immigration & Services LL	C applied for an EIN number from the IRS for	_
	Banking Purposes however the	e bank will not allow us to open the bank accour	<u>ıt</u>
	without it being in our www.sun	biz.org Detail by Entity Name profile, therefore	_
	in this amendment we ask that	it is please added to our Filing Information	
	section. The EIN Number is 45	-2623551	_
Dated	June 27th	2011	_
	X es	yla Castella	
	Signature of a f	member or authorized representative of a member Keyla C. Castillo	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00