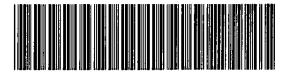
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(Req	uestor's Name)				
. (Add	ress)				
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	Certificate	s of Status			
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J. SAULSBERRY EXAMINER

DEC 14 2011

## RETURN ADRESS COVER LETTER

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

**OTHER CONTACT KEYLA CASTILLO** (786) 238-9682

## **COVER LETTER**

	gistration Section vision of Corporations			
SUBJECT	CJK Immigration & Services LLC			
	Name of Limited Liability Company	-		
The enclose	d Articles of Amendment and fee(s) are submitted for filing.			
Please retu	n all correspondence concerning this matter to the following:			
	Claudia V. Garrido	_		
	Name of Person			
	CJK Immigration & Services LLC			
	Firm/Company			1
	5900 NW 6th Ave APT 101	∄'s	21	
	Address	- LA	))) []	!
	Miami FL, 33127	ETA!	2011 DEC 12	•
_	City/State and Zip Code	- 333 0 333		وسر ا
	Cjkimmigrations@gmail.com  E-mail address: (to be used for future annual report notification)	157 107 107 107	AH 9	, , , , , ,
For further	nformation concerning this matter, please call:	R D D	9: 45	,
	Keyla C. Castillo at ( 786 ) 238-9682			
	Name of Person Area Code & Daytime Telephone Numb	<del>c</del> r		
Enclosed is	a check for the following amount:			:
\$25.00 1	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	filing Fee, cate of Stated Copy onal copy	atus &	ose <b>d</b> )
	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

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed onJule Florida document numberL11000071081		and assigned		
	ne 20th, 2011	and assigned		
Florida document number L11000071081				
,				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with the words "Limited Liability Company," "L.L.C."	" the designation "LLC	" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		<u> </u>		
	<u> </u>	- <b> </b>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	SS			
	5	9		
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the	name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	<u> </u>		
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, <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>	Name	Address	Type of Action
MGRM	John M. Ortega	3586 NW 41st Street LOT A122 Miami, FL 33142	AddRemove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter cl	nange(s) here: (Attach additional sheets, if necessar	BILDEC 12 SECRETARY E
_	, ,		AM 9: 45
Dated		·	
	$\mathcal{A}_{\mathcal{A}}$	ula Castella	
	Signature of a mg	inber or authorized representative of a member	
		Keyla C. Castillo	·

Page 2 of 2

Filing Fee: \$25.00