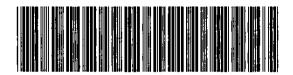
L11000084015

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
· (Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-

Office Use Only



300238034033

FILING CANCELLED RETURNED CHECK

08/03/12--01017--002 **25.00

2012 AUG -3 AM 88 52
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 6 2012

COVER LETTER

Division of Corpo	rations					
SUBJECT:	CJR CON	STRUCTION, LLC				
		ited Liability Company				
The enclosed Articles of Ar	nendment and fee(s) are su	bmitted for filing.				
Please return all correspond	lence concerning this matte	r to the following:				
		CEIN QUEZADA				
		Name of Person				
	CJR	CONSTRUCTION, LLC				
		Firm/Company		•		
	8450 GAT	E PARKWAY WEST APT 7	02		~	
Address			产品	2 2	ns j***	
	10.0	NOONULE EL 2024	•		2812 AUG -3	i i
	JAC	CKSONVILLE, FL 32216 City/State and Zip Code		SSE		
				COF	M 8 52	1.11
•	E-mail address: (to be used for future annual report notifica	ation)	92	Q)	
For further information con-	cerning this matter, please of	call:		Sim.	2	
FRANCI	SCO ANDINO	at (_904_)6	19-2675			
Name of Po	erson	Area Code & Daytime	Telephone Numbe	r		
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)	Certified	ite of Stati		ed)

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 FILING CANCELLED RETURNED CHECK OF

CJI	R CONSTRI	UCTION, LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Li Florida document numberL11000084		were filed on	07/21/11	28 and assign	ned
This amendment is submitted to amend the folk A. If amending name, enter the new name of	•	ility company here	:	-3 M & 52 LARY OF STATE ASSEE, FLORID	A STATE OF THE STA
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Compan	y," the designation	32	 reviatior
Enter new principal offices address, if applic	8450 GATE PA	ARKWAY WE	ST_APT 702		
(Principal office address MUST BE A STREET ADDRESS)		JACKSONVILLE, FL 32216			
		0450 CATE D		OT ADT 700	
Enter new mailing address, if applicable:		8450 GATE PA		SI API /02	
(Mailing address MAY BE A POST OFFICE	JACKSONVILLE, FL 32216				
B. If amending the registered agent and/or the new registered of			ır records, <u>ente</u>	r the name of t	he new
Name of New Registered Agent:					
New Registered Office Address:	8450 GATE	PARKWAY WE			
		Ente	er Florida street a	uddress	
	JAC	KOSONVILLE	, Florida	32216	
		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 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

FILING CANCELLED RETURNED CHECK

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	KATHERIN VAN CLEAVE	8450 GATE PARKWAY WEST #702 JACKSONVILLE, FL 32216	Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	2012
_		AHASSEE, FL	3-3
 Dated	JULY 31 , 20	012	8 52
	CEIN	r or authorized epresentative of a member I QUEZADA, MGRM I or printed name of signee	
	1 ypec	i or brutten traineror signee	

Page 2 of 2

Filing Fee: \$25.00