## 1100091673

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**EXAMINER** 



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09/04/12--01023--006 \*\*25.00

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SECRETARY OF STATE

## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations				
SUBJECT:	Accounting	g with CJW, LLC			
SUBJECT.	<del>**</del>	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Gale Jones Name of Person			
	Accounting with CJW, LLC				
		Firm/Company			
	425 E. Hollywood Blvd., Suite A				
	М	ary Esther, FL 32547			
		City/State and Zip Code			
	F-mail address: 7	Gale-CJW@live.com to be used for future annual report i	notification)		
For further information	concerning this matter, please of	•			
	Gale Jones	at ( 850 )	200-4451		
Name	of Person	Area Code & Da	ytime 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 enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Registration So Division of Co Clifton Buildir	orporations ng e Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Accoun	ting with CJW, LLC			
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now apper Limited Liability Company)	irs on our records.		
The Articles of Organization for this Limited Liability (	Company were filed on	08/10/2011	and assigned	
Florida document numberL11000091673	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company he	ere:		
The new name must be distinguishable and end with the wo	ords "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	<del></del>			
(Principal office address MUST BE A STREET ADD	RESS)	r	. SEC.	
		7	SE TI	
Enter new mailing address if applicables		SSE		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			S 3: 2	
	<del></del>		<del>1</del> 2	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter t	he name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Maria Bloomfield	2835 Geronimo Drive Crestview, FL 32539	Add Remove
·			Add Remove
			Add Remove
			Add Remove
	······································		Add Remove
			Add Remove
	-	nter change(s) here: (Attach additional sheets, if necessary.) le Jones, Rowena Crissey and Liezele Wtulich to	<del></del>
<u>.</u> -	MGRM vice MGR.		_
- Dated	August 30		
	Signature (	of a member or authorized representative of a member	
		Gale Jones	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00