

L11000093002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

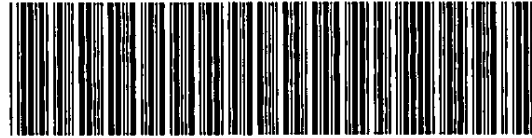
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**D. BRUCE
DEC 15 2016**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AJM MANAGEMENT ENTERPRISES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen Cicci

Name of Person

Summit Commercial Real Estate Group

Firm/Company

5112 West Taft Rd, Suite M

Address

Liverpool, NY 13088

City/State and Zip Code

ryoung@summitmanagementllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Young

Name of Person

at 315 452-2000

Area Code

Daytime 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)

☐ \$60.00 Filing Fee &
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

2016 DEC 14 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FL 32301
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AJM MANAGEMENT ENTERPRISES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/12/2011 and assigned
Florida document number L11000093002.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CROSSFIRE REAL ESTATE CAPITAL, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5112 West Taft Road, Suite M

Liverpool, NY 13088

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5112 West Taft Road, Suite M

Liverpool, NY 13088

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	A John Merola, MD	361 Eagle Drive	☐ Add
		Jupiter, Florida 33477	☒ Remove
			☐ Change
MGR	John D Murphy, Jr	5112 West Taft Road, Suite M	☐ Add
		Liverpool, NY 13088	☐ Remove
			☒ Change
MGR	Robin Young	6032 Sneller Road	☐ Add
		Brewerton, NY 13029	☐ Remove
			☒ Change
MGR	Stephen Cicci	8460 Prestwick Drive	☒ Add
		Manlius, NY 13104	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 12, 2016

Signature of _____

John D. Murphy, Jr

Typed or printed name of signee