## L11000109665

(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	<u></u>
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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EXAMINER (



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## **COVER LETTER**

	ration Section n of Corporations	
SUBJECT:	JCHIU	J HOLDINGS LLC
5040H01		Limited Liability Company
		14,
The enclosed Ar	ticles of Amendment and fee(s) are	J HOLDINGS LLC Limited Liability Company
	correspondence concerning this ma	
		ito ine ione ving.
		Cristina De Oliveira
		Name of Person
•	· · · · · · · · · · · · · · · · · · ·	The state of the s
	The Law	Office of Cristina De Oliveira, P.A.
		Firm/Company
	2332	P. Galiano Street, Second Floor
	· · · · · · · · · · · · · · · · · · ·	Address
		Coral Gables, Fl. 33134
	f	City/State and Zip Code
		cdeoliveira@lawcdo.com
	E-mail addres	ss: (to be used for future annual report notification)
For further infor	mation concerning this matter, plea	se call:
	Cristina De Oliveira	at ( 305 ) 461-1660
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
<b>₹25.00</b> Filing	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee,  Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  (additional copy is enclosed)
	MAN THE ARPRES	CTDRET/CATIDIED ANDRESS.
	MAILING ADDRESS: Registration Section	- STREET/COURIER ADDRESS: Registration Section
	Division of Corporations	Division of Corporations
: .	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
,	I GIIGIIGOSCO, I'IJ JZJ 17	Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JCHII	U HOLDINGS LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appear a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	9/26/11	and assigned
Florida document numberL11000109665			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :	
JCHIU	FL HOLDINGS LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET ADI</u>	ORESS)		
Enter new mailing address, if applicable:		<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	ress
	Aud F PS	. Florida	
<del></del>	City	, FRIFICE	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00