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(Re	questor's Name)	
, (Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
(Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Sertified Copies Certificates of Status Special Instructions to Filing Officer:		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE
FALLAHASSEE: FLORIDA

(CV 0 2 2016 Y SULKER

COVER LETTER

TO:	Registration Sec Division of Corp			
		NCIAL SERVICES LLC		
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	iclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		JOSE ESTEVES		
			Name of Person	
		CJRE FINANCIAL SERV	ICES LLC	
			Firm/Company	
		764 SW 8TH STREET		
			Address	
		MIAMI, FL 33130		
		TOOD OTHER DOLLARS	City/State and Zip Code	
		JOSE@TAXTORE.COM	to be used for future annual report notif	Faction)
				neation)
For fu	rther information co	oncerning this matter, please ca	all:	
JOSE	ESTEVES		786 459-1954	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclo	sed is a check for th	e following amount:		
\$2	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

TO ARTICLES OF ORGANIZATION OF

CJRE FINANCIAL SERVICES LLC		
(<u>Name of the Limited Lis</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
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 AL	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or re	registered office address on our records, ento	er the name of the
registered agent and/or the new registered office a	address here:	6
		AH, 001
Name of New Registered Agent:		လွန်း မ
New Registered Office Address:		
Tow Registered Office / Radioss.	Enter Florida street address	S NO C
	, 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VALENTINA ALICE STEPHANS	764 SW 8TH STREET	
		MIAMI, FL 33130	
			Remove
			☐ Change
MGRM	CARLOS RODRIGUEZ	764 SW 8TH STREET	≅ Add
		MIAMI, FL 33130	
			□ Remove
			□ Change
			Add
			Remove
			Change
			See La Tour
			Rentiove
			☐ Change
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fective date, if other than the date of filing:		(0)	> ptional)		
on effective date is listed, the date must be specific and cannot be prior to enter the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	date of filing or r le statutory filin	nore than 90 days a	after filing.) Pu	rsuant to not be	o 605.02 listed a
record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective	time, at 12:0	1 a.m. on	the e	arlier
OCTOBER 25TH 2016		\			
ted,	-• /	,			
Simple	70d'ran-200-101	a afa mamba			_
Signature of a momber or authori	zeu rebresentativ	e of a member			
	F				

Page 3 of 3

Filing Fee: \$25.00