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B. BOSTICK OCT 1 5 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: CET Enterprising 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:		
Jennifer Vander Lind Name of Person		
CE. J Enterprising Firm/Company		
3589 S. Ocean Blud # 6-06 Address		
South Ralm Beach F1 33480 City/State and Zip Code		
City/State and Zip Code  Servander in de ya 100. (One E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Service and at (Sa) 120-9821  Name of Person at (Sa) 20-9821  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee \$30.00 Filing Fee & \$60.00 Filing Fee & Certified Copy  Certified Copy  (additional serve is analoged)  Certified Copy  Certified Copy	12 OCI	Manager of Street of Stree
For further information concerning this matter, please call:	ÄSSE	2 mm - 22 mm -
Jernifer Vander Lind at (50) 420-9821  Name of Person Area Code & Daytime Telephone Number	는 1 -	THE STATE OF
	SO RIDA	
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified	ling Fee, ite of Status I Copy ial copy is e	

#### 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & J ENTERPI		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records Liability Company)	<u>r.</u> )
The Articles of Organization for this Limited Liability Company	y were filed on 3-9-12	and assigned
Florida document number L12000 34415		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7 7
(Principal office address MUST BE A STREET ADDRESS)		
		C/7
		m - Fi
Enter new mailing address, if applicable:		
•		3: 5 
(Mailing address MAY BE A POST OFFICE BOX)		A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
	, Florid	daZin Code
	1 / ( I V	ZIII COME

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** Remove Add Remove ☐ Add Remove Add Remove □Add Remove  $\bigcap Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary, Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00