

L12000102756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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12 AUG 17 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CJBSD 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:

ADAM BERGMAN

Name of Person

IRA FINANCIAL GROUP

Firm/Company

235 LINCOLN ROAD, SUITE 207

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

ADAMB@IRAFINANCIALGROUP.COM

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

For further information concerning this matter, please call:

STACY SANDERS

Name of Person

at (305)

538-4492

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

12 AUG 17 PM 12:39

CJBSD LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on AUGUST 9, 2012 and assigned
Florida document number L12000102756.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

116 MARY DRIVE OLDSMAR, FL 34677

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

116 MARY DRIVE OLDSMAR, FL 34677

(Mailing address MAY BE A POST OFFICE BOX)

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:

116 MARY DRIVE

Enter Florida street address

OLDSMAR

City

, Florida

34677

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Christopher J. Ballard	115 MARY DRIVE OLDSMAR, FL 34677	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Christopher J. Ballard	116 MARY DRIVE OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated August 15, 2012

Signature of a member or authorized representative of a member

Adam Bergman

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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