# L12000146004

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B. BOSTICK
MAY 2 9 2014
EXAMINEF

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations
	•

## JESAJ NORTH MIAMI, 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:

Jim Holiber
Name of Person
Firm/Company
20 Rewe Street
Address
Brooklyn, NY 11211
City/State and Zip Code
RLUNETTA@MARJAM.COM

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

For further information concerning this matter, please call:

## Jim Holiber

388-6465 x 126

Name of Person

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

	IORTH MIAMI, LL		
(Name of the Limited Liabili (A Florida	ty Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C Florida document numberL12000146004	ompany were filed on	11/19/2012	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company he	ere:	
ELSAJA MIAMI LLC			
The new name must be distinguishable and end with the words "Lir	nited Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable:			2
Mailing address MAY BE A POST OFFICE BOX)			
	-		2
			• •
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on ress here:	our records, <u>enter</u>	the name of the
Name of New Registered Agent:			
New Registered Office Address:	Fptar Flor	rida street address	
	Lifter P (O)	mu sireet uuuress	
	City	, Florida	Zip Code
	City		Dip Com

#### 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Rcmove
			Add
			□ Remove
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			□ Remove

E. Effective date, if other than the date of filing:  (Optional)  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
the date this document is filed by the Florida Department of State)
the date this document is filed by the Florida Department of State)
the date this document is filed by the Florida Department of State)
Dated MAY 15 2014
Signature of a member or authorized representative of a member
Typed or printed name of signee

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Filing Fee: \$25.00