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TO:

Registration Section
Division of Corporations

SUBJECT

CARJAVI, 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:

TAMMY PEREZ

Name of Person

TABADESA ASSOCIATES

Firm/Company

7005 W 17TH CT

Address

HIALEAH, FL 33014

City/State and Zip Code

TAMMYP@TABADESA.COM

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

For further information concerning this matter, please call:

TAMMY PEREZ

*,,,*786,54**1-8**043

Name of Person

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

CARJAVI, LLC				
(Name of the Limited Lia (A Flo	bility Company as it now a brida Limited Liability Comp	ppears on our records.) any)		
The Articles of Organization for this Limited Liabil	lity Company were filed on	SEPTEMBER 3, 2013	3 and assigned	
Florida document number L13000124086	·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability compan	v here:		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability C	ompany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
		(2) (2) (3)		
		Son	20 70	
Enter new mailing address, if applicable:		رين بني		
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	<u> </u>	<u>v: ₹</u>	
		<u> </u>	<u>ို့</u> မ	
B. If amending the registered agent and/or i		on our records, enter th	e name of the ne	
registered agent and/or the new registered office	<u>address here</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
_		, 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 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 Title <u>Name</u> **Address Type of Action** JAVIER VARELA 2123 RENAISSANCE BLVD MGR MIRAMAR, FL 33025 Remove Remove Remove Add Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
F	PLEASE ADD EIN: 46-3564807
	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	CARLOS IMAZIO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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