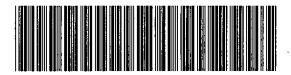
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

K. SALY MAY -8 2017

COVER LETTER

	Registration Se Division of Cor			
SUBJEC'	CARJAVI,			
SUBJEC	Г:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspo	ndence concerning this matter	to the following:	
		CARLOS IMAZIO		
			Name of Person	
			Firm/Company	
			Address	
		MIRAMAR, FL 33025		
		<u> </u>	City/State and Zip Code	
		carlosimazio@gmail.com		
•		E-mail address: (to be used for future annual report notif	cation)
For furthe	r information co	oncerning this matter, please co	all:	
CARLOS	IMAZIO		786 262-1869 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e 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

ARTICLES OF O	F 2013	D
CARJAVI, LLC	Sico PM	/ a .
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ny as it now appears on our records. ALLAHASSEE, FLO were filed on 09/03/2013 and assign	JATE
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{09/03/2013}{}$ and assign	P_{A}
Florida document number L13000124086		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit Enter new principal offices address, if applicable:	ty Company," the designation "LLC" or the abbreviation "L.L.C.	.,,
(Principal office address MUST BE A STREET ADDRESS)		— <u>—</u> ——
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:		the new
Transc of thew Registered Agent.		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		APT 305, MIRAMAR, FL 33025	■ Remove
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