L17000 142548

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	,	

Office Use Only



000253131980

11/04/13--01026--007 **25.00



4 Shivers NOV 0 5 2013

COVER LETTER

TO: Registration Sect Division of Corpo		*	
SUBJECT:	JPR -	Tech LLC. I Liability Company	<u>. </u>
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter a	o the following:	
	<u>Carlus</u>	Name of Person	
	<u> </u>	Firm/Company	
	2904 5	<u>Address</u>	cle
	Fort Lay	decidale F 1 3 City/State and Zip Code	33327.
	Sunshine	' - 1	u. (um.
	E-mail address: (to	be used for future annual report notification	on) The second of the second o
For further information cor	ncerning this matter, please ca	all;	
Carlos	Piar	at (Sy YYS - S Area Code & Daytime Te	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Enclosed is a check for the		Area Code & Daytime Te	lephone Number
\$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

CJPR Tech	h LLC.	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our ability Company)	records.)
	,	1 -
The Articles of Organization for this Limited Liability Company w	vere filed on <u>10/09</u>	//3 and assigned
Florida document number 213000142945		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
CPJR LLC.		
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the o	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NIA	<u> </u>
(Principal office address MUST BE A STREET (PDRESS)	NIA	
	NIA	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	<u>්.ජ්. 3 (ජ්</u> විස. න
	N/M.	<u>5</u>
B. If amending the registered agent and/or registered off	ice address on our reco	ords, enter the name of the new
registered agent and/or the new registered office address here		,
·		/ ^
Name of New Registered Agent:	/\/	1 A 1 A
New Registered Office Address:		
	Enter Flori	ida street address
	City	, Florida Zip Code
	Cuy	zip Cone

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

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

<u>Title</u>	Name	Address	Type of Action
·			Add
			Remove
			Add Remove
			Add
			Remove
			Add
		JRIOA	Remove
			Add
			Remove
			Add
	1		Remove
			_

	() X
ed 10/15/13	
	Signature of a member or authorized representative of a member
	Carlos J. Piari Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

00 (21 Rd 11 - 40N E)