

L14000048755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

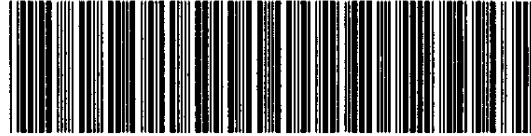
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUN - 5 2013

A. LUNT

Office Use Only



300260566113

05/27/14--01010--012 **25.00

FILED
2014 MAY 27 PM 3:28
RECEIVED
MAY 27 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AJ CRAFTSMEN 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:

JOSE A. OLGUIN
Name of Person
AJ CRAFTSMAN LLC
Firm/Company
1393 HANCOCK BONE PALM RD
Address
ORLANDO, FL 32828
City/State and Zip Code
meghuro@aol.com
E-mail address: (to be used for future annual report notification)

2014 MAY 27 PM 3:28

FILE

For further information concerning this matter, please call:

JOSE A. OLGUIN at (407) 810 8336
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

AJ CRAFTSMAN LLC

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

The Articles of Organization for this Limited Liability Company were filed on MARCH 25, 2014 and assigned Florida document number L14000048755

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

JOSE A. OLGUIN

New Registered Office Address:

1393 HANCOCK LONG PALM RD

Enter Florida street address

ORLANDO

City

Florida

32828

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 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.

JOSE A. OLGUIN

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MMGR	JOSE A. OLGUIN JR	1393 HANCOCK LONE PALM RD	<input type="checkbox"/> Add
------	-------------------	---------------------------	------------------------------

		ORLANDO, FL 32828	<input checked="" type="checkbox"/> Remove
--	--	-------------------	--

MMGR	JOSE A. OLGUIN	1393 HANCOCK LONE PALM RD	<input checked="" type="checkbox"/> Add
------	----------------	---------------------------	---

		ORLANDO, FL 32828	<input type="checkbox"/> Remove
--	--	-------------------	---------------------------------

APR 27 PM 3:00
RECEIVED
FBI - MIAMI

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

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

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)

Dated MAY 9, 2014, _____



Signature of a member or authorized representative of a member

JOSE A. OLGUIN

Typed or printed name of signee

FILED
MAY 27 2014
CLERK OF COURT
JULIA M. GIBSON

2014 MAY 27 PM 3:28

FILED