L14000107519

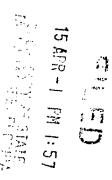
(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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(RM)

JOHNS CONSULTING LLC PO BOX 2173 PALM HARBOR, FL 34682

REGISTRATION SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

COVER LETTER

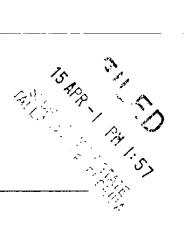
	gistration Sec Ision of Corp			※ 5 ※ 等
SUBJECT:	Johns Co	nsulting LLC		1 2
SUBJECT:	-	Name of Lim	ited Liability Company	PH 1: 5
The enclosed	f Articles of A	Amendment and fee(s) are sub	mitted for filing.	7.51
Please return	all correspor	edence concerning this matter	to the following:	, .
		John Siamas		
			Name of Person	
			Firm/Company	
		PO Box 2173		
			Address	
		Palm Harbor, FL 34	682	
			City/State and Zip Code	
		johnsconsultinglic@y		
For further i	nformation co	E-mail address: (ncerning this matter, please co	to be used for future annual report notific	ation)
		neering this matter, please co		
John Sia	mas		718 926-4566	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 F	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**



Johns Consulting 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 July 8, 2014 and assigned
Florida document number <u>L14000107519</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
CJ Global Services LLC	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2510 Bently Drive
(Principal office address MUST BE A STREET ADDRESS)	Palm Harbor, FL 34682
	
Enter new mailing address, if applicable:	PO Box 2173
(Mailing address MAY BE A POST OFFICE BOX)	Palm Harbor, FL 34682
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
registered agent and/or the new registered office address her	<u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	·
	Enter Florida street address
<u> </u>	, 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 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 = Authorized Member Title Name **Type of Action Address AMBR** Cheri Baker-Pillow 5772 Williams Boulevard Add Add Seminole, FL 33772 ☐ Remove AMBR James Pillow 5772 Williams Boulevar ■ Add Seminole, FL 33772 ☐ Remove □ Remove □ Add ☐ Remove ☐ Remove

·	ange(s) here: (Attach additional sheets, if necessary.)
·	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after
Dated March 27	2015
Jaieu,	•
The American	
Signature of a m	ember or authorized representative of a member
John Siamas	
John Siamas	

Page 3 of 3

Filing Fee: \$25.00