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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CJ PARTNERS SOUTH FLORIDA, LLC

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Help



3: 18

COVER LETTER

| TO: Registration S Division of Co | | | |
|---|--|---|---------------|
| | NERS SOUTH FLORIDA, LLO | 2 | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | condence concerning this matter | to the following: | |
| | Daniel A. Kaskel, Esq. | | |
| | | Name of Person | |
| | Sachs Sax Caplan, P.L. | | |
| | <u> </u> | Firm/Company | |
| | 6111 Broken Sound Pkwy | NW, Suite 200 | |
| | | Address | |
| | Boca Raton, FL 33487 | | |
| | | City/State and Zip Code | |
| | alan@levyrai.com | to be used for future annual report notification) | |
| For further information | concerning this matter, please c | | |
| Daniel A. Kaskel, Esq. | | 561 237-6822 | |
| Name | of Person | at () Daytime Telephone Number | |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certified | e of Status & |
| Mailing Addre Registration Division of 6 P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303 | 0 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CJ PARTNERS SOUTH FLORIDA, LLC | | |
|--|--|---|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number 1.14000111038 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab | | and assigned |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | c/o Sachs Sax Caplan | |
| (Principal office address MUST BE A STREET ADDRESS) | 6111 Broken Sound Parkway NW, Su | ite 200 |
| | Boca Raton, FL 33487 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the na | me of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | 1/3 - |
| | Enter Florida street address Florida | 2 2 2 3 3 3 3 3 3 3 3 3 3 |
| | Ciry | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | 00 E |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and I am provided for in Chapter 605, F.S. Or | i familiär with und r, if fhis docyment is |
| If Chan | iging Registered Agent, Signature of New R | egistered Agent |

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

| Title | Name | Address | Type of Action |
|-------------|------------------|------------------------------------|----------------|
| MGR | Dimston, Charles | 98 Cuttermill Road | □Add |
| | | Great Neck, NY 11021 | |
| | | | □Change |
| MGR | Dimston, David | 6111 Broken Sound Pkwy NW, Ste 200 | ≅Add |
| | | Boca Raton, FL 33487 | □Remove |
| | | | □Change |
| MGR | Hes, Amy Berko | 6111 Broken Sound Pkwy NW, Ste 200 | = Add |
| | | Boca Raton, FL 33487 | □Remove |
| | | | Change |
| | | | □Add |
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Filing Fee: \$25.00