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COVER LETTER

TO:	Registration Secti Division of Corpo					
SUBJ	ест: <u>С</u> Ј	Riga LL Name of Limit	ted Liability Company			
The er	aclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.			
Please	return all correspond	lence concerning this matter	to the following:			
		Clo	va Jimenez			
		Cla	ra Jinenz	LLC		
		1700	UW 97th Ave	£ \$226151	+	
		Miam Claya E-mail address: (1	eity/State and Zip Code CIOYZA 3 Q G to be used for future annual report flo	Mail·com sification)	2015	cantani
For fu	rther information con	cerning this matter, please ca	all:		APR	(25000)
	Clara Name of F	Jimenez Person	at (2) = 0 /	67229	13 PM 4: 11	
Enclo	sed is a check for the	following amount:		3	:	
□ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of Society Certified Copy (additional copy is	Status &	

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

CJ Riga d	JLC	
(Name of the Limited Pability Co (A Norda Limi	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u></u> \(\int \sum \frac{15000 \(4013\sum 13\)}	pany were filed on $03/04/2015$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company bere:	
Clara Jime	enez LLC	
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" or the abbreviation." L.C."	
Enter new principal offices address, if applicable:		· ;
(Principal office address MUST BE A STREET ADDRESS		1
		:
	FINAL CONTRACTOR OF STATE OF S	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	red office address on our records, enter the name of the new s here:	w
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
***************************************	, 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Remove
5			_ □ Add
			☐ Remove
			28
			ASSECTION ROMAN
			
			Add
			☐ Remove
			Add
			Remove

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Effective d	ate, if other than the date of filing:(optional)
(The effective of	late must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after locument is filed by the Florida Department of State)
(The effective	late must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this	late must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after locument is filed by the Florida Department of State)
the date this	late must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after locument is filed by the Florida Department of State) Signature of a member or authorized representative of a member
the date this	late must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after locument is filed by the Florida Department of State)

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Filing Fee: \$25.00

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