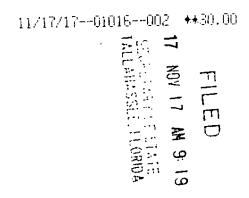
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only







## **COVER LETTER**

TO: Registration Division of C			
MR LJF   SUBJECT:	HOLDINGS LLC		
30BJEC1:	Name of Lim	ited Liability Company	
•			
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	LUIS J. FRANCISCO		
		Name of Person	
	LJF HOLDINGS LLC		
		Firm/Company	
	1800 NORTH BAYSHOR	E DRIVE APT 2412	
	Address		
	MIAMI, FLORIDA 3313.	2	
		City/State and Zip Code	
	ljfholdingslle@gmail.com		<del>, , , , ,</del>
		to be used for future annual report notifi	eation)
For further information	concerning this matter, please c	all:	
Luis J. Francisco		305 796-6955 at ()	
Name	e of Person		Telephone Number
Enclosed is a check for	the following amount:		
□ \$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)
MAI	ILING ADDRESS:	STREET/COURT	FR ANNRESS:

TO:

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

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.15000173974}{1.15000173974}$ .	were filed on OCTOBER 13, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
LJF HOLDINGS LLC		T. 5
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2 2
(Principal office address MUST BE A STREET ADDRESS)		M - M
		1 2 0
		9. 2 ORIO
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the ne
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
·	<del></del>		
			Remove
			Change
			Remove
			Change
			□ Remove
			□ Change
			Change
			Remove
			□ Change
		<del></del>	□ Remove
			□ Change

	NOV T
	9: 
lf an cl <u>Note:</u>	ve date, if other than the date of filing:
ne re The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
	NOVEMBER 16 2017
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00