## LICOCOSole69

| (Re                     | questor's Name)   |              |
|-------------------------|-------------------|--------------|
|                         |                   |              |
| (Ad                     | dress)            | <del> </del> |
| •                       | ,                 |              |
|                         |                   |              |
| (Ad                     | dress)            |              |
|                         |                   |              |
| (Cit                    | y/State/Zip/Phone | e #)         |
|                         |                   |              |
| PICK-UP                 | ☐ WAIT            | MAIL         |
|                         | <del></del>       | <del></del>  |
|                         |                   |              |
| (Bu                     | siness Entity Nan | ne)          |
|                         |                   |              |
| (Do                     | cument Number)    | •            |
|                         |                   |              |
| Certified Copies        | Certificates      | of Status    |
| ocitifica copies        |                   |              |
|                         |                   |              |
| Special Instructions to | Filing Officer:   |              |
| •                       |                   |              |
|                         |                   |              |
|                         | •                 |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |
|                         |                   |              |

Office Use Only



300293866683

01/27/17--01024--011 \*\*25.00

JAN 3 0 2017 S. YOUNG SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

| TO: Registration<br>Division of C |   |   |   |                     |
|-----------------------------------|---|---|---|---------------------|
| AJ CAP                            | ITAL HOLDINGS, LLC                                  |   |   |                     |
| 5003201.                          | Name of Lin   | nited Liability Company   | <del></del>   |                     |
| The enclosed Articles             | of Amendment and fee(s) are sub                     | omitted for filing.   |   |                     |
| Please return all corres          | spondence concerning this matter                    | to the following:   |   |                     |
|                                   | JONATHAN STESZEW                                    | SKIESQ.   |   | -<br>:              |
|                                   |   | Name of Person  | (   |                     |
|                                   |   | Firm/Company  |   | તુન્ત <sub>ા.</sub> |
|                                   | 1228NW 165THAVE                                     |   |   | SFER<br>ALLLA       |
|                                   |   | Address   |   | AHAS<br>AHAS        |
|                                   | PEMBROKEPINES,FL                                    |   |   | 27 B                |
|                                   |   | City/State and Zip Code   | •   | A STEEL             |
| For further information           | E-mail address: (a concerning this matter, please c | (to be used for future annual report notific                        | ation) .  | 1:39                |
| JONATHAN STESZ                    |   | 305 562-8348  |   |                     |
| Name                              | e of Person   | at ()<br>Area Code Daytime T  | elephone 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 |                     |

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

4 . ...

Ċ.

| AJ CAPITAL HOLDINGS, LLC   |  |   |   |     |
|--|--|---|---|-----|
| (Name of the Limit   | ed Liability Compa<br>(A Florida Limited | ny as it now appears on o<br>Liability Company) | ur records.)                            |     |
| The Articles of Organization for this Limited L<br>Florida document number <u>L16000056669</u> | iability Company                         | were filed on $3/21/20$                         | and assigned                            |     |
| This amendment is submitted to amend the following   | owing:                                   |   |   |     |
| A. If amending name, enter the new name of   | f the limited liab                       | ility company here:                             |   |     |
| The new name must be distinguishable and contain the w   | ords "Limited Liabil                     | lity Company," the designa                      | tion "LLC" or the abbreviation "L.L.C." |     |
| Enter new principal offices address, if applic   | able:                                    | 4111 NW   | 37 AVE LUTD 4                           | 1   |
| (Principal office address MUST BE A STREE  | T ADDRESS)                               | MIAM! F   | 1 331.42                                |     |
| Enter new mailing address, if applicable:  |  | 4111 NW   | 37AVE LOT D4/6                          | , . |
| (Mailing address MAY BE A POST OFFICE)   | <u>BOX)</u>                              | Miami F   | L 33/42                                 |     |
| B. If amending the registered agent and/<br>registered agent and/or the new registered of      | or registered of<br>fice address here    | fice address on our                             | records, enter the name of the new      |     |
| Name of New Registered Agent:  | SANDRA CER                               | RNAALVARADO                                     |   |     |
| New Registered Office Address:   | 4111 NU                                  | J 3 A VE<br>Enter Florida stro                  | LoTD 416.                               |     |
|  | MAMI                                     | Сіту  | , Florida <u>33/42</u>                  |     |

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.

YS 9NdY 9 Chang A Nayado

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 = M $AMBR = A$ | lanager<br>authorized Member |                                    |   |
|--------------------|------------------------------|------------------------------------|---|
| <u>Title</u>       | · <u>Name</u>                | Address                            | Type of Action  |
| MGR                | FRANKLYN VALDES              |                                    | 🖸 Add   |
|                    |                              |                                    | Remove  |
|                    |                              |                                    | Change  |
| AMBR               | SANDRA CERNA ALVARADO        | 4111 NW 37 AVE LE                  | <b>Add</b> Add  |
|                    |                              | 4111 NW 37 AVELE<br>416 MIAMIFL 33 | 1.4 Remove  |
|                    |                              |                                    | Change  Add Property Of STATE  Change  Add  Change  Add  Change |
|                    |                              |                                    | □ Add□ Remove   |
|                    |                              |                                    | □ Change  |
|                    |                              |                                    | Add   |
|                    |                              |                                    | □ Remove  |
|                    |                              |                                    | Change  |

|                        | N/H   |
|------------------------|---|
|                        |   |
| _                      |   |
| _                      |   |
| _                      |   |
| _                      |   |
|                        |   |
| -                      | · · · · · · · · · · · · · · · · · · ·   |
| ***                    |   |
| _                      |   |
| _                      |   |
|                        | - F   |
| _                      | JAN 27  |
| -                      |   |
| _                      | II.   |
| _                      |   |
|                        |   |
| *****                  |   |
| _                      |   |
| _                      |   |
| an effe<br><u>ote:</u> | ve date, if other than the date of filing:  (optional)  cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| ocum                   |   |
| e rec                  | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.  |
| e rec                  | 90th day after the record is filed.   |
| rec<br>The             | 90th day after the record is filed.   |

Page 3 of 3

Filing Fee: \$25.00