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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co			
	RNATIONAL MOVERS LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corres	oondence concerning this matter t	to the following:	
	ALI BORAN		
		Name of Person	
	CJ INTERNATIONAL MO	OVERS LLC	
		Firm/Company	
	647 SW 17TH COURT		
		Address	
	BOCA RATON FL 33486		
		City/State and Zip Code	
	aliboran@theboran.com	1	- 28
		o be used for future annual report notifi	ication)
For further information	concerning this matter, please ca	ill:	
ALI BORAN		561 990-9470 at ()	
Name	of Person	Area Code Daytime	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)

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 INTERNATIONAL MOVERS LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on 5/23/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	647 SW 17FH COURT BOCA RAT	ON FL 33486
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	647 SW 17TH COURT BOCA RAT	ON FL 33486
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	•	er the name of the
New Registered Office Address:		SIS ANA
	Enter Florida street address	1, 18 M
	, Florida	Zip Con

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
MGR	EMEL ONUR	4800 N FEDERAL HIGHWAY A:	D Add
		BOCA RATON FL 33431	■ Remove
			☐ Change
			Add
			Remove
			Add
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te: If the date inserted in this block does not meet the applicable statutory	filing requirements, this date will not be listed
cument's effective date on the Department of State's records.	
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record specifies a delayed effective date, but not an effective feet by after the record is filed.	ve time, at 12:01 a.m. on the earner
ted 2/07/2017,	-
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Signature of a thember of authorized representa	
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Page 3 of 3

Filing Fee: \$25.00