116000131641

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phon	e #)
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DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Se Division of Cor			
CHIDIE	LAJEMA I	LLC		
SUBJE	.C.:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		MANUEL ENRIQUE LEI	DEZMA MORALES	
			Name of Person	
		LAJEMA LLC		
			Firm/Company	
		9090 NW SOUTH RIVER	DRIVE	
			Address	
		MEDLAY FLORIDA 331	66	
		······································	City/State and Zip Code	
		fristdriverusa@gmail.com		
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information c	oncerning this matter, please co	all:	
MAN	UEL ENRIQUE LI	EDEZMA MORALES	786 716 8053	
	Name o	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$2:	5.00 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**

LAJEMA LLC			our records)	11
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears on Liability Company)	Out 1storasi	F
The Articles of Organization for this Limited L Florida document number <u>L16000131641</u>	iability Company	were filed on	and assigned	てて
This amendment is submitted to amend the foll	owing:		CHS C	
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9090 NW SOUTH RIVER DRIVE SUITE 20-22		
		MEDLEY FLORIDA 33166		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9090 NW SOUTH RIVER DRIVE SUITE 20-22 MEDLEY FLORIDA 33166		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	ffice address her			new
New Registered Office Address:	9090 NW SOU	TH RIVER DRIVE SU		_
	Mediev	Enter Florida s		
	MEDLEY	City	Florida 33166 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Ragistered Agen, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
MGR	YORDANKA QUINONES LEON	17012 SW 95 TERRACE MIAMI 1	Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add T Remove T C Change T C CAdd H
			□ Remove
		**************************************	Change
			□ Remove
		*	Change
			□ Remove
			□ Change

*1 min	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	tive date, if other than the date of filing: (optional) fective 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 605.026 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.	7 (3 s th
	cord 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.	of:
Dated	September 27, 2016	
	Signature of a member of anthorized representative of a member	
	Manuel Enrique Ledezma Morales	

Page 3 of 3

Filing Fee: \$25.00