

L16000228573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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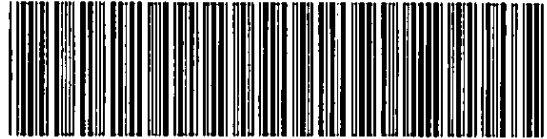
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SEP 30 2022

S. PRATHER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CJB Investments Group LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos A Bohorquez Quijano

\_\_\_\_\_  
Name of Person

CJB Investments Group LLC

\_\_\_\_\_  
Firm/Company

15621 SW 45th Terrace

\_\_\_\_\_  
Address

Miami, FL 33185

\_\_\_\_\_  
City/State and Zip Code

finsolcorp@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos A Bohorquez Quijano

305 984-6913  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2022 SEP 22 PM 2:33  
ALL STATE  
FALL COUNTY FLORIDA  
and assigned

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Florida document number L16000228573

**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 abbreviation "L.L.C."

***(Principal office address MUST BE A STREET ADDRESS)***

***(Mailing address MAY BE A POST OFFICE BOX)***

Enter Florida street address

## Florida

City

Zip Code

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 19th 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

STATE  
MILLBREE, FLORIDA

2022 SEP 22 P11 2:33

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