## L170000 79759

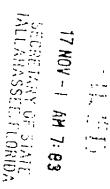
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## **COVER LETTER**

	gistration Secti ision of Corpo			
oudipatr.	CAJM, LLC			
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	d Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please returi	all correspond	ence concerning this matter	to the following:	
		Marc Miles		
			Name of Person	
		Law Offices of Marc J. Mi	lles P.A.	
			Firm/Company	
		230 Tamiami Trail S. Ste.	1	
			Address	
		Venice, FL 34285		
			City/State and Zip Code	
		mmiles@marcmileslaw.cor		
		E-mail address; (	to be used for future annual report notif	ication)
For further i	nformation con	cerning this matter, please ca	all:	
Marc Miles			941 484-8280 at ()	
	Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
■ \$25.00 H	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

CAJM LLC		
( <u>Name of the Limited Li</u> (A Fi	ability Company as it now appears on our records.) orida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabili Florida document number L17000079759	ty Company were filed on 04/10/2017	and assigned
his amendment is submitted to amend the followin	ā:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	;	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	2	
		Zo:
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered office</li> </ol>		The Lyanse for the r
Name of New Registered Agent:		SET DAY
New Registered Office Address:	Enter Florida street address	DO AN THE
	rnter r torida street adaress , Florida	83 RIDA
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = . Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Catherine Brejot	209 PARK DRIVE NOKOMIS	
		FL 34275	Remove
MGR	Catherine Andre	209 Park Drive	<u>■</u> Add
		Nokomis, FL 34275	Remove
			Change
			☐ Remove
			Change
		<del></del>	Remove
		<del> </del>	Change
			□ Add
			☐ Remove
			Change
			Remove
			□ Change

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(If an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a	ptional) ifter filing.) Pursuant to 6	05.0 <u>2</u> 07 (.
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, nent's effective date on the Department of State's records.	this date will not be li	sted as tl
	•		
the re	cord specifies a delayed effective date, but not an effective time, at 12:0 90th day after the record is filed.	1 a.m. on the ear	lier of:
	October 24 . 2017		
Dated	1 i \Lambda		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00