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(Document Number)	
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·		COVER LETTER	
TO: Registration Sec Division of Corp	tion orations		
CJP SERVIC			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	CARLOS A PADILLA		
		Name of Person	
		D. (1)	
	8343 SANDSTON E L AK	Firm/Company	
	8343 SANDSTONE LAN		<u></u>
	TAMPA, FL 33615	Address	
		City/State and Zip Code	
	E-mail ad dr ess: (to be used for future annual report notifica	ation)
For further information co.	ncerning this matter, p lea se ca	all:	
CARLOS A PADILLA		813 965-6286	
Name of	Person		elephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Registrat Division P.O. Box	NG ADDRESS: tion Section of Corporations c 6327 see, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CJP SERVICES LLC		
(<u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 05/12/2017	and assigned
Florida document number L17000105962		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	17 1
		NO AGE
		ARC VESS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
i l	-	
B. If amending the registered agent and/or regis	tered office address on our records, ent	er the name of the nev
registered agent and/or the new registered office add	ress here:	
1		
Name of New Registered Agent:		_ _
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
NI [

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

R = M $BR = A$	anager uthorized Member		
<u>e</u>	<u>Name</u>	Address	Type of Action
BR 	JEFFERSON A PADILLA	5344 BLACK PINE DR	⊒ Add
		TAMPA, FL 33624	□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Remove
			Change
			Remove
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			☐ Remove
			Change
			Add
			Remove

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If amending any other information, e	nter c	hange(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of the first of the first of the date is listed, the date must be specified. If the date inserted in this block do	citicano	g:	207 (. Las il
document's effective date on the Departm			
the record specifies a delayed effective. The 90th day after the record is		date, but not an effective time, at 12:01 a.m. on the earlier	of:
Dated NOVEMBER 7		2017	
	9	·	
Signati	ire of a	member or authorized representative of a member	
CARLOS A PADILLA		Typed or printed name of signee	
		Types of prince name of signer	
		Page 3 of 3	
		Eiling Foot \$25.00	