## 417000196105

| (Requestor's                        | Name)                |
|-------------------------------------|----------------------|
|                                     |                      |
| (Address)                           |                      |
|                                     |                      |
| (Address)                           | <del></del>          |
|                                     |                      |
| (City/State/Zi                      | p/Phone #)           |
| <b>, ,</b>                          | ,                    |
| PICK-UP W                           | /AIT MAIL            |
|                                     | <del>_</del>         |
| (Duniana Fr                         | Air No               |
| (Business Er                        | ішу мате)            |
|                                     |                      |
| (Document N                         | lumber)              |
|                                     |                      |
| Certified Copies Cer                | rtificates of Status |
|                                     |                      |
| Special Instructions to Filing Offi | cer:                 |
| ,                                   |                      |
|                                     |                      |
|                                     |                      |
|                                     |                      |
|                                     |                      |
|                                     |                      |
|                                     |                      |



800313359148

05/21/18--01010--015 •⊭30.00

DIVISION OF CORPORATIONS

Office Use Only

N COOPER MAY 2.2 2018

## **COVER LETTER.**

| TO:       |  |  |   |  |
|-----------|--|--|---|--|
| erm ie    |  |  |   |  |
| SUBJE     | C1:  |  | ited Liability Company  |  |
| The enc   | losed Articles of  | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please r  | eturn all correspo   | ndence concerning this matter                | to the following:   |  |
|           | RECT:    California   Californi |  |   |  |
|           |  |  | Name of Person  |  |
|           |  |  | Address  City/State and Zip Code  Com  dress: (to be used for future annual report notification)  lease call:  214-2084  Area Code  Daytime Telephone Number  & S55.00 Filing Fee & S60.00 Filing Fee, and See Certificate of Status & Certificate of |  |
|           | Division of Corporations  CJ's Enterprises of Sebrin, LLC  Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  Joel F. Crosby  Name of Person  Firm/Company  4109 Loquat Road  Address  Sebring, Florida 33875  City/State and Zip Code thewildhawg@yahoo.com  E-mail address: (to be used for future annual report notification)  ner information concerning this matter, please call:  Howe  1863 1214-2084 13 Area Code  Daytime Telephone Number  d is a check for the following amount:  00 Filing Fee 230.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)   |  |   |  |
|           |  |  | Address   |  |
|           |  | Sebring, Florida 33875                       |   |  |
|           |  |  | City/State and Zip Code   |  |
|           |  |  |   |  |
|           |  | E-mail address: (                            | to be used for future annual report notifi  | ication)                               |
| For furtl | her information co   | oncerning this matter, please ca             | all:  |  |
| Tamera    | Howe   |  | at ()   |  |
|           | Name of  | l'Person                                     | Area Code Daytime   | Telephone Number                       |
| Enclose   | d is a check for th  | ne following amount:                         |   |  |
| □ \$25    | .00 Filing Fee   | ■ \$30.00 Filing Fee & Certificate of Status | Certified Copy  | Certificate of Status & Certified Copy |

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's Enterprises of Sebring, LLC   |  |  |
|--|--|--|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited   | iny as it now appears on our records.)<br>Liability Company) | <del></del>                                  |
| the Articles of Organization for this Limited Liability Company lorida document number <u>L17000196105</u> .   | were filed on September 21, 2017                             | and assigned                                 |
| his amendment is submitted to amend the following:   |  |  |
| . If amending name, enter the new name of the limited liab   | oility company here:   |  |
| ne new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC" or the                  | abbreviation "L.L.C."                        |
| nter new principal offices address, if applicable:   |  | 01VI   |
| Principal office address MUST BE A STREET ADDRESS)   |  | SIO.   |
| The part office and rest 12001 De 7101 Meet 7100 Meetly  |  | 2 °FAT                                       |
|  |  |  |
| nter new mailing address, if applicable:   |  | PCR  |
| Mailing address MAY BE A POST OFFICE BOX)  |  | - <u>-                                  </u> |
| The state of the s |  | F 2  |
| . If amending the registered agent and/or registered or egistered agent and/or the new registered office address her Name of New Registered Agent:   |  | r the name of the i                          |
| Name Province of Office Address.   |  |  |
| New Registered Office Address:   | Enter Florida street address                                 |  |
|  | , Florida  |  |
|  | 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, 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 |
|--------------|----------------|---------------------------------------|----------------|
| AMBR         | Tamera L. Howe | 4109 Loquat Road                      |                |
|              |                | Sebring, Florida 33875                | □ Remove       |
|              |                |                                       | □ Change       |
|              |                | · · · · · · · · · · · · · · · · · · · | Add            |
|              |                |                                       | □ Remove       |
|              |                |                                       | Change         |
|              |                |                                       | Add            |
|              |                |                                       | Remove         |
|              |                |                                       | Change         |
|              |                |                                       | Add            |
|              |                |                                       | Remove         |
|              |                |                                       | Change         |
|              |                |                                       |                |
|              |                |                                       | Remove         |
|              |                |                                       | Change         |
|              | <del></del>    |                                       | □ Add          |
|              |                |                                       | ☐ Remove       |
|              |                |                                       | □ Changa       |

|           |  | _          |
|-----------|--|------------|
| • •       | · ·  | _          |
|           |  |            |
|           |  | _          |
|           |  |            |
|           |  | _          |
|           |  | _          |
|           |  | _ 0!V,     |
|           |  |            |
| _         |  | SION OF    |
|           | <del>-</del>   | 003        |
|           |  | ORPORATION |
|           |  | - AT 10    |
|           | •  |            |
|           |  |            |
|           |  | _          |
|           |  | _          |
|           |  |            |
|           |  | _          |
| Effective | date, if other than the date of filing:(optional)  |            |
| Note: If  | ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be a seffective date on the Department of State's records. |            |
|           | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea<br>Oth day after the record is filed.   | rlier of   |
|           | ay 14 2018   |            |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee