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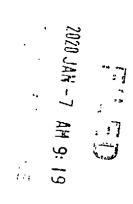
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CJF PROPERTY MANAGEMENT SUBJECT: 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: DAVID BYCK Name of Person Firm/Company 8401 LAKE WORTH RD STE 118 Address LAKE WORTH, FL 33467 City/State and Zip Code DJBYCK@MSN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID BYCK Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CJF PROPERTY MANAGEMEN			r records)	_
(Name of the Limi	(A Florida Limited Liab	as it now appears on oublity Company)	r records.)	
The Articles of Organization for this Limited L Florida document number L17000205976		ere filed on 10/4/17	and	d assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name c</u>	of the limited liabilit	ty company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	on "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			202
· · · · · · · · · · · · · · · · · · ·				
				2
Enter new mailing address, if applicable:		<u> </u>		7
(Mailing address MAY BE A POST OFFICE	BOX)			
				<u>-</u> وو
	-	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office address.		dress on our records	, enter the name of the	e new registered
Name of New Registered Agent:	DAVID BYCK	<u></u>		
New Registered Office Address:	8401 LAKE WOF	RTH RD STE 118		
		Enter Florida stre	et address	
	LAKE WORTH		, Florida ³³⁴⁶⁷	
		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 tam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 695 f.S. Or, if this document is being filed to merely reflect a change in the registered office address, I bereby confirm that the limited liability company has been notified in writing of this change.

If Changing Degistered 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
MGR	PAIGE FIEDOROWICZ	53 MILESTONE WAY	
		WEST PALM BEACH, FL 33415	= Remove
MGR	KYLE FIEDOROWICZ	53 MILESTONE WAY	\exists Add
		WEST PALM BEACH, FL 33415	□Remove
			□Change
			□Add
			□Change
			□Add
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
		_	□Add
			□Remove
			□Change

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	<u> </u>
(If an c	ve date, if other than the date of filing:
the reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	DECEMBER 23 2019
Built	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee