

417000252938

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (954) 617-1262

From: Account Name : TANLEAF.COM INC
Account Number : 120140000084
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2019 DEC 23 PM 1:36

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
LJE AMERICA ENTERPRISES LLC

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DEC 26 2019

M. SOLOMON



December 10, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LJF AMERICA ENTERPRISES LLC
1100 SOUTH FEDERAL HWY SUITE 714
DEERFIELD BEACH, FL 33441US

SUBJECT: LJF AMERICA ENTERPRISES LLC
REF: L17000252938

We have received your document for LJF AMERICA ENTERPRISES LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The information on the first page of the amendment is too light. Please make the print darker.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H19000354850
Letter Number: 619A00025076

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIF AMERICA ENTERPRISES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/11/2017 and assigned
Florida document number L17000252938.

This amendment is submitted to amend the following:

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."

Enter new principal offices address, if applicable:

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

3111 N UNIVERSITY DR STE 105

CORAL SPRINGS, FL 33065

Enter new mailing address, if applicable:

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

3111 N UNIVERSITY DR STE 105

CORAL SPRINGS, FL 33065

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CSI RA LLC

New Registered Office Address:

1549 NE 123RD ST

Enter Florida street address

NORTH MIAMI

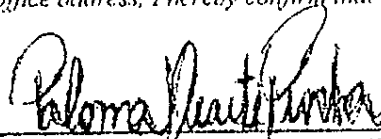
City

Florida 33161

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	FERNANDES, JULIANO	3111 N UNIVERSITY DR STE 105	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FERNANDES, FABRICIO	3111 N UNIVERSITY DR STE 105	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FERNANDES, LEONARDO	3111 N UNIVERSITY DR STE 105	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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F. Effective date, if other than the date of filing: _____ (optional)
 (If an effective 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 605.0207 (3)(b))
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.

(b) The 90th day after the record is filed.

Dated DECEMBER 31 2019

 Signature of a member or authorized representative of a member
 JULIANO FERNANDES

 Typed or printed name of signer