

L18000 124266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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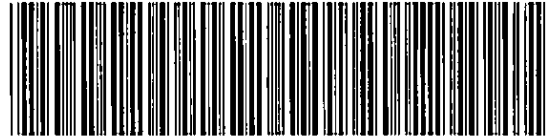
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN -4 AM 10:33

N COOPER

JUN 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CJC Auto Sales LLC

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:

Amanda Finnegan

Name of Person

CJC Auto Sales LLC

Firm/Company

380 Sunset Ave Unit 12

Address

North Providence RI 02904

City/State and Zip Code

cjcautosalesllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Finnegan 401 2655204

Name of Person at () _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CJC Auto Sales 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 5/23/2018 and assigned
Florida document number L18000129266.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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DIVISION OF CORPORATIONS
18 JUN -4 AM 10:33

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:

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Amanda Finnegan	1952 Guava Dr Unit 16	<input checked="" type="checkbox"/> Add
		Edgewater FL 32141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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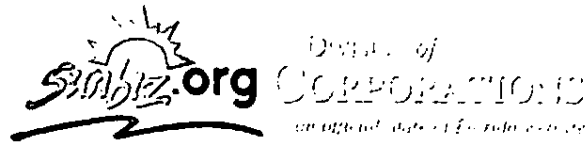
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DIVISION OF CORPORATION
18 JUN -4 AMID: 33

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.

Dated _____,

Signature of a member or authorized representative of a member

Typed or printed name of signee



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Limited Liability Company

CJC AUTO SALES LLC

Filing Information

Document Number L18000129266

FEI/EIN Number NONE

Date Filed 05/23/2018

Effective Date 05/23/2018

State FL

Status ACTIVE

Principal Address

1952 GUAVA DR
UNIT 16
EDGEWATER, FL 32141

Mailing Address

380 SUNSET AVE
UNIT 12
NORTH PROVIDENCE, RI 02904

Registered Agent Name & Address

FINNEGAN, AMANDA L
1952 GUAVA DR
UNIT 16
EDGEWATER, FL 32141

Authorized Person(s) Detail

NONE

Annual Reports

No Annual Reports Filed

Document Images

05/23/2018 -- Florida Limited Liability

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