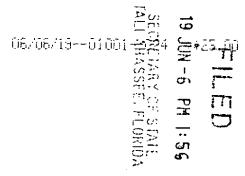
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Certified Copies	_ Certificates	of Status
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CARJAVI 4 LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
EUGENIO CRESPO. Name of Person
CARJAVI 4 UC
Firm/Company
1950 5 OCEAN OF SUITE 3M.
Address
HALLOND DE DEACH, FL 33004.
USALATINA POMAIL COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Euponio Cespo at (786) 306 9568 Name of Person at (786) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

(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 Florida document number L18 000 157 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: 亏 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the dew registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
<u>46R</u>	EDUALDO HOURAO SILINGOWSCHI	5161 NW 11 LANE POHPAND BEACH, FL 3300	
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			□ Change
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	cifies a delayed y after the reco			not an effec	ctive time, at	12:01 a.m.	on the ea	rlier c
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		Signature of:	a member or a	athorized repres	entative of a men	ber	•	-

Page 3 of 3

Filing Fee: \$25.00