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COVER LETTER

TO: Registration Se Division of Cor			
CJM/1023 SUBJECT:	LLC	·	
3000ECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard J. McChesney		
	Spottswood, Spottswood, S	Name of Person Spottswood & Sterling PLLC	
	500 Fleming Street	Firm/Company	
		Address	
	Key West, Florida 33040		·
	riehard@spottswoodlaw.coi		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Richard J. McChesney		305 293-8791 at ()	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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

CJM/1023		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on August 27, 2019	and assigned
Florida document number L19000213585		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
CJM/1100, LLC		
he new name must be distinguishable and contain the words "Limited L	nability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	ù	50
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		==:
Manny address Mill DE 11 COT OF THE TOTAL		2;
		27
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address		iter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	
	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
			☐ Add
			☐ Remove
			☐ Change
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ffective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this bocument's effective date on the D	lock does not meet the app	olicable statutory filin	(optional) nore than 90 days after filing ag requirements, this date) Pursuant to 605.0207 will not be listed as
e record specifies a delayed The 90th day after the rec	d effective date, but ord is filed.	not an effective	time, at 12:01 a.m.	on the earlier o
October 28	2019			
	K~ W	CG-1-	: of a member	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00