120000124274

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| Division of Co | | | | |
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| CJA INNO | OVATION EQUIPMENT LLC | · | • | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | CARLOS J ACEVEDO | | | |
| | | Name of Person | | |
| | CJA INNOVATION EQU | JIPMENT LLC | | |
| | | Firm/Company | | |
| | 14222 SW 76 STREET | | | |
| | | Address | | |
| | MIAMI, FL 33183 | | | |
| | | City/State and Zip Code | | |
| | rogumax@bellsouth.net | | | N 53 |
| | E-mail address: (| to be used for future annual report notifi | cation) | |
| For further information c | concerning this matter, please c | all: | | |
| rogumax@bellsouth.net | | 305 606-0069 | | 8 分類 |
| Name o | of Person | | Telephone Number | OF STATE |
| Enclosed is a check for the | he following amount: | | | ± 20 € 10 € 10 € 10 € 10 € 10 € 10 € 10 € |
| ■ \$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 Sta Certified Copy (additional copy is e | atus & |
| Mailing Addres | ss: | Street Address: | | |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CJA INNOVATION EQUIPMEN | | | |
|---|--------------------------------------|--|-----------------------------|
| (<u>Name of the Lim</u> | ited Liability Co (A Florida Limi | mpany as it now appears on our records.) ted Liability Company) | |
| he Articles of Organization for this Limited | Liability Compa | any were filed on 05/07/2020 | and assigned |
| orida document number L20000124274 | | | |
| nis amendment is submitted to amend the fo | llowing: | | |
| . If amending name, enter the new name | of the limited l | iability company here: | |
| 1/A | | | |
| ne new name must be distinguishable and contain the | words "Limited L | iability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | N/A | |
| Principal office address MUST BE A STRE | ET ADDRESS | 2 | |
| | | | 2 |
| | | | 0 |
| Enter new mailing address, if applicable: | | N/A | 三 司法 |
| Mailing address MAY BE A POST OFFICE BOX) | | | 8 0.4 |
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| . If amending the registered agent and/or | registered offi | ce address on our records, enter the | e name of the new registe |
| ent and/or the new registered office addr | | · · · · · · · · · · · · · · · · · · · | P |
| | | | |
| Name of New Registered Agent: | N/A | <u>,</u> | |
| New Registered Office Address: | N/A | | |
| | · | Enter Florida street address | · · · · · |
| | | . Flori | da |
| | | , Filti | Zin 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-----------------|--------------------|----------------|
| MGR | CRISTINA VALDES | 14222 SW 76 STREET | |
| | | MIAMI, FL 33183 | □Remove |
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| | 05/21/2020 |
| Effec | ctive date, if other than the date of filing: (optional) (ffective 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)((If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| Note | ment's effective date on the Department of State's records. |
| Note docui | ment's effective date on the Department of State's records. ord 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 |
| <u>Note</u> docu | ord 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 filed. |
| Note document he reco | ord 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 filed. |

Filing Fee: \$25.00