## L21000077578

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

LJ CLOUDBRIDGE, LLC SUBJECT: 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: Lisney Vergara Name of Person LJ CloudBridge, LLC Firm/Company 9825 SW 51st Terrace Address Miami/Florida, 33165 City/State and Zip Code lisney.vergara@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lisney Vergara Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION CONTROL TO THE CRAFF OF THE CRAF **OF**

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LJ CLOUDBRIDGE, LLC

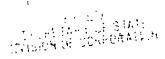
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability	y Company w	ere filed on Februar	y 18, 2021	and assigned
Florida document number L21000077578	·			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the l</u>	imited liabili	ty company here:		
······································		<u> </u>		
The new name must be distinguishable and contain the words "I	Limited Liability	Company," the designation	ntion "LLC" or the abb	oreviation "L.1C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			<del></del>
			_	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	-			
		<del></del>		
B. If amending the registered agent and/or registe	ered office ad	dress on our recor	ds, enter the name	of the new registere
agent and/or the new registered office address her			as, enter the name	or the new regioner
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida st	reet address	
			Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Registor	ered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered	d complete p	erformance of my o	luties, and I am f	umiliar with and

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>	21 APR 16 AM 10: 01	Type of Action
AMBR	Jason Orovio	9825 SW 51st Te	er, Miami, Florida 33165	□Add
				□Remove
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	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 k does not meet the applicable statutory filing requirements, this date will not be listed as
cord specifies a delayed effective d s filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	. 2021
ted April 12	<u>2021</u>
ted April 12	gnature of a member or authorized representative of a member