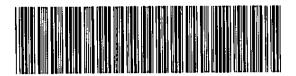
L21000283806

(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only





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COVER LETTER

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Tallahassee, FL 32314

TO: Registration Se Division of Cor				
	PORTATION LLC			
SUBJECT:	Name of Lim	ited Liability Company	-	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
	ndence concerning this matter			
	JOEL ARAQUE			
		Name of Person		
	CJ TRANSPORTATION	LLC		~
		Firm/Company		22 AUG
	2610 PLEDGE RD APT I	04		22 AUG 26 PH 3: 50
		Address		5 PH
	KISSIMMEE, FL 34741			၂
	jaraque72.jaad@gmail.com	City/State and Zip Code		3: 5 0
	• • • •	to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please ca	all:		
JOEL ARAQUE		407 3600413		
Name o	f Person	at () Area Code Daytime	e Telephone Number	—
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$60.00 Filing Certificate of Certified Copy (additional copy)	f Status & py
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	rtion	
Division of C	orporations	Division of Cor	porations	
P.O. Box 632	.7	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CJ TRANSPORTATION LLC					
(Name of the Lim	ited Liability Comp (A Florida Limited	ny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited I Clorida document number L21000283806	Liability Company	were filed on <u>06/18/202</u>		_ and assi	gned
his amendment is submitted to amend the fol	lowing:				
a. If amending name, enter the new name	of the limited liab	oility company here:			
NVESTMENTS CJ LLC					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbre	viation "L.I	C."
Enter new principal offices address, if applicable:		N/A			
Principal office address MUST BE A STRE.	ET ADDRESS)	N/A			
		N/A		N	<u> </u>
nter new mailing address, if applicable:		N/A		2 AUG 2	NOISIN
Mailing address MAY BE A POST OFFICE BOX)		N/A		5	<u> </u>
		N/A		PH	- 東亞t - 克
				က္	2015 2015
 If amending the registered agent and/or gent and/or the new registered office address 		address on our records,	enter the name	O⊓ of the Drew	regist
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Florida stree	t address		
	N/A		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.

MGR = MAMBR = M	Manager Authorized Member		
<u> </u>	<u>Name</u>	Address	Type of Action
	N/A	N/A	
			□Remove
			Change
	N/A	N/A	□Add
			□Remove □Remove □ 22 A □ harmer
	N/A	N/A	326 Gillion Gi
			<u>ယ့</u> ခြ <u>ိုး</u> မြောဏ်စွင့်
			Change
	N/A	N/A	□Add
			□Remove
			□Change
	N/A	N/A	□Add
		 	□Remove
			☐ Change

N/A

 $\square Add$

□Remove

□Change

N/A

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Filing Fee: \$25.00

Typed or printed name of signee