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(Re	equestor's Name)	
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(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Bi	usiness Entity Nam	ie)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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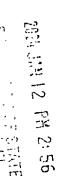




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COVER LETTER

TO: Registration So Division of Cor			
CJF MIAN	II 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:	
	ALINE DARMOUNI		
		Name of Person	
	ORCOM US		
		Firm/Company	
	1200 BRICKELL AVE SU	UITE 1960	
	-	Address	
	MIAMI FL 33131		
	-	City/State and Zip Code	
	office@orcomus.com	C P	
Englished before stance		(to be used for future annual report notification)	
Por turner information c	oncerning this matter, please c	ani.	- - .)
ALINE DARMOUNI		at ()	7.
Name o	of Person	Area Code Daytime Telephone Number	2:55 5:55
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed) ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address: Registration Section	
Registration S Division of C		Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	
Tallahassee. l	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CJF MIAMI LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reco ted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comparing document number 1.23000550884	any were filed on $\frac{12/13/2023}{12}$	ective 01/01/24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	. <u>-</u>
		C 20
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
	 	17.70
B. If amending the registered agent and/or registered offic	ce address on our records, <u>ent</u>	
agent and/or the new registered office address here:		THE OF
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	1	Florida
	Cin:	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 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
MGR	Jean-Francois LEPEINTRE	274 NW 27TH ST MIAMI, FL 33137	= Add
			□Remove
			□Remove
			□Change
			□Add
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ective date, if other than the of effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	ek does not meet the applicable statutory fi	(optional) r more than 90 days after filing.) Pursuant to 605.0 ling requirements, this date will not be listed
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:01 a.r	m, on the earlier of: (b) The 90th day after t
January 9th ed	. 2024	
	A	