Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000102353 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : APT PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: kathy@apiprocessingc.om

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CMJ CONSTRUCTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON MAR 1 8 2024

Electronic Filing Menu Corporate Filing Menu

Help

H240000102353 3 Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMJ CONSTRUCTION				
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)			
he Articles of Organization for this Limited Liability Company were fi	led on 02/21/2024	and assigned		
lorida document numberL24000104018				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liability co	mpany here:			
ie new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the ab	obreviation "L.L.C."		
nter new principal offices address, if applicable:		2		
Principal office address MUST BE A STREET ADDRESS		i AR		
		<u> </u>		
		일 글		
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
. If amending the registered agent and/or registered office address	on our records, enter the nam	e of the new register		
gent and/or the new registered office address here:	, 			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	2:- C-1		
Cin ew Registered Agent's Signature, if changing Registered Agent:	ı	Zip Code		

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 603, 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.

It 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
AMBR	CYNTHEA WALTZ	11800 NW 23RD STREET	
		PEMBROKE PINES, FL 33026	=Remove
			: Change
			□Add
			□Remove
			□Change
		<u></u> .	©Add
			©Remove
			□Change
			□Add
			DRemove
			□ Change
		· 	©Removo
			□Change

	···		.,	
the view did torono in the paper of the same to the sa				
		·-···		
	······································			
				 -
				<u></u>
Factive date if other than the date of til	ina		(antional)	
fective date, if other than the date of fill in effective date is listed, the date must be specific a	and cannot be prior to c	late of filing or more than 90	days after filing.) Pursuant to	605. 020 7
ote: If the date inserted in this block does no cument's effective date on the Department of	t moet the applicable f Stato's records.	s stantiory ming requirer	nems, this date will not be	i iisted as
ecord specifies a delayed effective date, but n is filed.	ot an effective time	at 12:01 a.m. on the car	fior of: (b) The 90th day	after the
Mar 17, 2024	Mar 17, 2024			
01.0				

Typed or printed name of signee