# L13000023187

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	·
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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OCT 1 1 2022 S. PRATHEI-

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: C&J Tax Professionals UC  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:	
LATONYA Cherry	
C&J Tax Professionals Firm/Company	
1724 Palmerston Circle	
OCOCC, Fl 34761  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person  at (954), 274-0285  Area Code Daytime Telephone Number	
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 (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

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

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



## RECE YES

2022 OCT | | PM |:50

### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2022

C&J TAX PROFESSIONALS LLC 1726 PALMERSTON CIRCLE OCOEE, FL 34761

SUBJECT: C&J TAX PROFESSIONALS LLC

Ref. Number: L13000023187

We have received your document for C&J TAX PROFESSIONALS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P21000024906.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 922A00021923

Stacy Prather Regulatory Specialist III

www.sunbiz.org

#### **COVER LETTER**

Division of Cor			
SUBJECT:	C.E.J. Tax	Professionals	
SUBJECT:	Name of Lim	Professionals ited 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:	
	bata	nya Cherry	
		Name of Person	<del>.</del>
		Firm/Company	
	_		
	1724 Par	merstun Civale	
		Address	
	Orne	Merstun Civale Address  Horida 34  City/State and Zip Code	7141
		City/State and Zip Code	101
	E-mail address: (	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Lagonia	Mark.	0-11 1-1	02.2
Name o	f Person	at ( <u>054</u> ) <u>274</u> - Area Code Daytim	ULSS to Telephone Number
		•	,
	e n		
Enclosed is a check for the	_		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &
	commence of manage	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Addres	S:	Street Address:	
Registration S	Section	Registration Se	
Division of C		Division of Cor	
P.O. Box 632 Tallahassee, I		The Centre of T	fallahassee e Street, Suite 810
ramanassee, i	LP 37314	4413 IV. IVIONTO	c ancer, anne 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<b>~</b>	三
(Name of the Limited	A Florida Limited Liability Company)	RELANTEST
The Articles of Organization for this Limited Lia		and assigned
Florida document number <u>L 13000,23</u>	<u>3181</u> .	922
This amendment is submitted to amend the follow	ving:	D. J
A. If amending name, enter the new name of t	the limited liability company here:	
C& J Busine	SS Professionals ULC rds "Limited Liability Company," the designation "LLC" or the abt	
The new name must be distinguishable and contain the wo		oreviation "L.L.C."
Enter new principal offices address, if applica	ble: <u>NA</u>	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE B	OV)	
Muning quaress MAT BE A FOST OFFICE B	<u> </u>	
B. If amending the registered agent and/or regard and/or the new registered office address	gistered office address on our records, <u>enter the name</u> <u>here</u> :	e of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	1,111)	AGE VIOLE

#### 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
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	<del></del>		□Add
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	·
L' ffa	ctive date, if other than the date of filing:
Note	ctive date, if other than the date of filing:
ne 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.
Date	d 10-7-2022
	. <i>N</i>
	La Janua Cherry E:
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Signature of a member

Filing Fee: \$25.00