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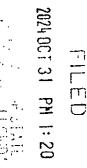
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COVER LETTER

	gistration Se vision of Cor					
SUBJECT:	CJBR NW	13 AVE LLC				
SOBOLET.		Name of Lir	mited Liability Compa	ny		
The enclosed	l Articles of a	Amendment and fee(s) are sul	bmitted for filing.			
Please return	ali correspon	ndence concerning this matter	r to the following:			
		Scott J. Lee, Esq.				
			Name of Perso	nc		 :
		SJW Law Group, PLLC				
			Firm/Compan	y		
		12300 South Shore Blvd.,	Suite 202			
			Address			
		Wellington, FL 33414				
			City/State and Zip	Code		
		scott@sjwlawgroup.com				
		Ê-mail address: (to be used for future a	nnual report notif	ication)	***************************************
For further in	formation co	ncerning this matter, please c	all:			
Danielle Ring	3		561	340-4563		
	Name of	Person	Area Code	Daytime	Telepho	one Number
Enclosed is a	check for the	following amount:				
■ \$ 25.00 Fi	lling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional copy	ру		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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	Box 6327			e Centre of Ta		
I all:	ahassee, Fl	L 32314	241	i 5 N. Monroe	Street	, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20240CT31 PM 1:20

CJBR NW 13 AVE LLC

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

The Articles of Organization for this Limited Liability Comp	pany were filed on 8/23/2016	and assigned
Florida document number L16000158266		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off		
agent and/or the new registered office address here:	ice address on our records, enter i	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floridu street address	
	, Flo	rida
	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.

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
MRG	BROWN-ROGERWITZ, CARMEI	4977 N STATE RD 7	
		TAMARAC, FL 33319	■ Remove
			□ Change
			□Add
			□ Remove
			Change
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Signature of a member or authorized representative of a member		CTOBER 11 2024
Signature of a member of authorized representative of a member	ated _	
	ated _	indre & Barett

Filing Fee: \$25.00