

L19000269311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

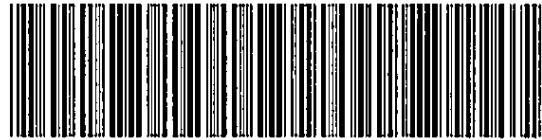
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TOLSON STATE
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Handwritten signature and date: S/S 4/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CSJ Credit Consultants
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:

Ciara Jackson
Name of Person
CSJ Credit Consultants
Firm/Company
2902 Cool Breeze Circle
Address
Saint Cloud, FL 34769
City/State and Zip Code
dewee226@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
DIVISION OF STATE

For further information concerning this matter, please call:

Ciara Jackson at (407) 747-2142
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CSJ Credit Consultants

(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 Company were filed on 10/28/2019 and assigned Florida document number L19000269311.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Capital C Consulting Group LLC

The new name must be distinguishable and contain the words "Limited 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)

618 East South Street
Suite 500 - # 5086
Orlando, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

618 East South Street
Suite 500 - # 5086
Orlando, FL 32801

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

City, Florida Zip Code

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TALLAHASSEE FL
SOLICITOR OF STATE

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ciara Jackson	618 East South Street	<input checked="" type="checkbox"/> Add
		Suite 500- #5086	<input type="checkbox"/> Remove
		Orlando, FL 32801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 STATE
 OF FLORIDA
 DEPARTMENT OF
 REVENUE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Both principal Address and mailing address
should reflect : 618 East South Street
Suite 500 - #5086 Orlando, FL 32769.
I, Ciara Jackson is still the owner/manager
of entity. Once Amendment takes place and is
processed new name should be Capital C Consulting
Group LLC.

FILED
2021 APR - 8 PM 4:14
- CIVIL JUSTICE
- TALLAHASSEE, FL

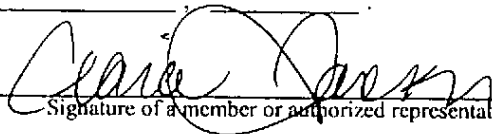
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated _____



Signature of a member or authorized representative of a member

Ciara Jackson

Typed or printed name of signee