

L19000269311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

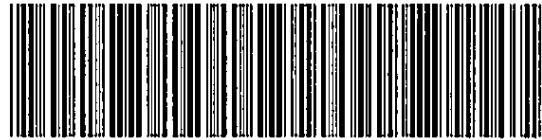
(Document Number)

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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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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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

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2021 APR - 8 PM 4:14  
- CIVIL RIGHTS DIVISION  
- TALLAHASSEE, FL

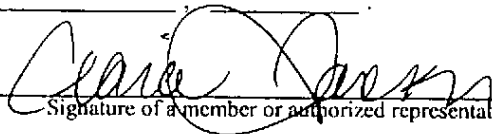
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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