## Plouda Department of State Division of Corporations Defection of Corporations Defection of Corporations

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To:		
	Division of Corporations	

: (850)617-6383

From:

Fax Number

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CJ INVESTCO LLC

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0.1.15.5	(FOTOO LLO		ASS.
	ESTCO LLC		34S
(Name of the Limited Li	ability Company as it now appe orida Limited Liability Company	are on our records.)	<u></u>
The Articles of Organization for this Limited Liabili		02/04/2020	AH 10: 50
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
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	: <u></u>		
(Principal office address MUST BE A STREET A	DDRESS)		
	<del>. , ,</del>		<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
		· · · · · · ·	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		records, enter the na	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Fi	lorida street address	
		. Florida	
<del>-</del>	Cin	, F 101 108 _	Zin 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

Title	Name	Address	Type of Action
MGR	DAMIAN, CHRISTOPHER V.	2525 PONCE DE LEON BLVD, STE	700 □Add
		CORAL GABLES, FL 33134	Remove
			□ Change
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D. If ame	nding any other information, enter	change(s) here: (Attach a	dditional sheets, if necessary.)			
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Note:	we date, if other than the date of filir ctive date is listed, the date must be specific an if the date inserted in this block does not cut's effective date on the Department of	meet the applicable statutory	or more than 90 days after filing.) Pufiling requirements, this date will	usuant to 605.02 I not be listed	207 (3)(b as the	)
If the record record is file	specifies a delayed effective date, but no id.	t an effective time, at 12:01 a	n.m. on the earlier of: (b) The 9	0th day after ti	he	
Dated_	November 29th	, 2021 Docusigned by:		FALLAH	2021	
	Signature of a	member or authorities represent	**************************************		2021 NOV 29	ئىد.
		•	ative of a member	ASSE	1 29	CILLED
	Joseph He	FINANCEZ  Typed or printed name of sign	ee	₽ <sub>C</sub>		
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