L20000112967

(Requestor's Name) (Address)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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2020 HOT - 1 PH 3: 04

COVER LETTER

TO: Registration Section Division of Corporations		
Corrected name: "CGJE LLC	2"	
SUBJECT:		
	Name of Limited Liab	pility Company
Dear Sir or Madam:		
The enclosed Statement of Correction and t	fee(s) are submitted for filin	y.
Please return all correspondence concerning		
Kyle Huneycutt		
Name of Person		_
CGJE LLC		
Firm/Company		_
1879 Bristol Ct.		
Address		_
Maitland, FL 32751		
City/State and Zip Coo	le	_
khuneycutt@mac.com		
E-mail address: (to be used for future	annual report notification)	-
For further information concerning this ma	ttar planes colli	
Kyle Hunevcutt	407	579-4443
· :	at ()
Name of Person	Area Code	Daytime Telephone Number
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
Enclosed is a check for the following amo	ount:	
□\$25 Filing Fee ■ \$30 Filing Fee Certificate of S		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY



Pursuan	t to section 605.0209, F.S., this document is being submitted to correct a previously filed-document, 2020 Hr 1 PH 3: 04
FIRST:	The name of the limited liability company is: CGJM LLC
	1.20000112967
SECON	(D: The Florida Document number of the limited liability company is:
THIRD	Articles of Organization Document to be corrected is:
	(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
	A typo was made in the name when creating the LLC. The correct name should be "CGJE LLC."
	Any reference to CGJM should be corrected and disregarded.
	<u>OR</u>
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:
	<u>OR</u>
	The electronic transmission of the record was defective.
	Signature of Authorized Representative Date
~.	
	re of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign agent the designation).
Thereby provisio obligati	
	Registered Agent's Signature

Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)