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COVER LETTER

TO: Registration Section Division of Corporations		•
SUBJECT: CJ MINANCLEY 1	Mitted Liability Company	<u></u>
The enclosed Articles of Amendment and fee(s) are suf Please return all correspondence concerning this matter		
Jera M	Name of Person	·* 0 (1 1 1 (
1209 N.	Firm/Company Address	uriz uc
Jena Me	City/State and Zip Code Mber 3 About (to be used for further annual eport notific	COM (attorn)
For further information concerning this matter, please	\bigcup	
Jena Menbeg Name of Person	at (321) 444- Area Code Daytime	Telephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUL 12 AM 11: 20 ed Liability Company as it now appears (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number 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 Ltability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 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
MGR	Charles Holmes	1209 N. Mills Ale,	[] [] [] [] [] [] [] [] [] [] [] [] []
		Orrando FL 32803	Kemove
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M612	Bloc Beally Consoltants LLL	1209 N. M. 11 S. Arle.	
(ensoltants/LL	orlando FL 32003	□Remove
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Filing Fee: \$25.00