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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT:	, J. Enterp	prises + Inv	estments	LLC
	Name of Limit	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
		Jamela r	Nitchell	
		Name of Person		
		Firm/Company		
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	W.E.	ot rain t	och 11. 3	1411
	C INSWAN	City/State and Zip Code Celn terprise O be used for future armual report	20 gmay).	com
	oncerning this matter, please ca	.11:		
Jame o	la MHzhell f Person	at (<u>561)</u> Area Code Day	506 4648 rtime Telephone Number	·
Enclosed is a check for th	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

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

C J Enterprises & (Name of the Limited Liability Com (A Florida Limite	Investments	ilc: -: 7:55	
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on ed Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2000026528</u> 0	nv were filed on 🛮 🖁 -	-26-2020 and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
C.J. Irsurance & Finar	ncial geru	rices LLC	
The new name must be distinguishable and contain the words "Limited Lie	ibility Company," the design		
Enter new principal offices address, if applicable:	7750 0	okeechobee Blu	<u>d. </u>
(Principal office address MUST BE A STREET ADDRESS)	Ste 4-	3011	
	West P	alm Bch, PL 3	<u>3411</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		winds Dr 326 okeechober Blo 3011 WPB. Fi	2. vd
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ろ3U11 e address on our recoi	rds, <u>enter the name of the new r</u>	egistered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	arcet address	
		, Florida	
	City	Zip 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 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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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Note:	ive date, if other than the date of filing:
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Dated	October 29 . 2020. Augustual Mitchen Signature of a member or authorized representative of a member
	Osunta Ait. him
	Janua gunara c
	Signature of a member or authorized representative of a member Jamela Mitall

Filing Fee: \$25.00