K20000326349

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Q. SILAS

Office Use Only



100378639321

01/03/22--01009--019 **25.00

1 - 2 AM 10: 24 \$EQUENT OF STATE

COVER LETTER

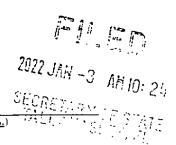
TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	CJW GLOBAL SC	DLUTIONS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cardell Williams		
		Name of Person	<u> </u>
	CJW GLOBAL SOLUTIO	NS LLC	
		Firm/Company	<u>_</u> .
	980 N. Federal Hwy Suite	110	
		Address	
	Address Boca Raton, FL 33432		
		City/State and Zip Code	
	eardell@cjwglobalsolutions		20
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Cardell Williams		800 433-8219 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 631 Tallahassee.		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810
rananassee.	しし シムシリサ	\$445 14 MOUN	,

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CJW GLOBAL SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.

	(, t) witter istilization	tananting Company	•	* 711.	
The Articles of Organization for this Limited Florida document number 1.20000326848		y were filed on <u>.</u>	10/15/2020	and assigned	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lia	bility company	<u>here</u> :		
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," th	e designation "LLC" of	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		980 N. Federal Hwy Suite 110 Boca Raton, FL 33432			
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		980 N. Federal Hwy Suite 110 Boca Raton, FL 33432			
(Mailing address MAY BE A POST OFFICE	E BOX)				
B. If amending the registered agent and/or agent and/or the new registered office adds Name of New Registered Agent:		address on our	records, <u>enter the</u>	e name of the new regis	
New Registered Office Address:	980 N. Federal Hwy Suite 110				
		Enter F	lorida street address	22.132	
	Boca Raton		, Floric	da 33432	
		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 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
AMBR	Cardell Williams	980 N. Federal Hwy Suite 110 Boca Raton, FL 33432	! ≣ Ad d
			□Remove
			□Change
MGR	Shannon Williams		□ Add
			□Remove
		980 N. Federal Hwy Suite 110 Boca Raton, Fl. 33433	2 ■Change
			🗀 Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

			<u> </u>				
	-			-	-		
							
						-1	
				<u>.</u>	<u> </u>		
	·						
							
	<u>.</u>						
	_ _					-	<u>-</u>
		_			- · · · · · · · · · · · · · · · · · · ·		
							<u> </u>
	•						
fective (date, if other than e date is listed, the dat	1 the date of f	iling:			(optional)	D
ote: If th	ne date inserted in th	his block does n	iot meet the ap	plicable statuto	ng or more than s ry filing require	ments, this date	will not be listed a
cument's	s effective date on t	he Department	of State's reco	ords.			
.1	ecifies a delayed eff	Carity data bu	nat na ulfuete	es time at 12:0	Lum on the es	rlier of th) Th	e 90th day after the
is filed.	eemes a detayed en	ecuve date, our	. Hot an effecti	se mne, at (2.0	r a.m. on the ce	The two (0)	2 ///// (III)
	D 1 20		2021				
ited	December 29		— · 	·			
	/	کے. مد	_	2	,		
				and the same of th			

Filing Fee: \$25.00