

h21 000039170

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

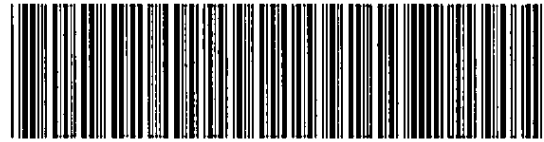
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C/JL NEW GROUP LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jean LaCour

Name of Person

C/JL NEW GROUP LLC

Firm/Company

1500 BEVILLE, SUITE 606 #377

Address

DAYTONA BEACH, FL 32114

City/State and Zip Code

JEAN.LACOUR7@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN LACOUR

at (407) 247-0860  
Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**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**

CJL NEW GROUP LLC

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

The Articles of Organization for this Limited Liability Company were filed on JANUARY 20, 2021 and assigned Florida document number L21000039170.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CJL RESEARCH LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

1500 BEVILLE RD.

SUITE 606 #377

DAYTONA BEACH, FL 32114

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1500 BEVILLE RD.

SUITE 606 #377

DAYTONA BEACH, FL 32114

**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*

\_\_\_\_\_, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHARLES M LACOUR OR JEAN	1500 BEVILLE RD, STE 606 #377	<input checked="" type="checkbox"/> Add
		SUITE 606 #377	<input type="checkbox"/> Remove
		DAYTONA BEACH, FL 32114	<input type="checkbox"/> Change
AMBR	OSTROM, LAUREL	1500 BEVELLE RD.	<input type="checkbox"/> Add
		SUITE 606 #377	<input type="checkbox"/> Remove
		DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Change
AMBR	LACOUR, CHARLES JAMES	1500 BEVILLE RD, STE 606 #377	<input type="checkbox"/> Add
		SUITE 606 #377	<input type="checkbox"/> Remove
		DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Change
AMBR	JEAN LACOUR	1500 BEVILLE RD.	<input type="checkbox"/> Add
		SUITE 606 #377	<input type="checkbox"/> Remove
		DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

FBI/EIN: 86-1922991 NOTICE DATED: 02-08-2021

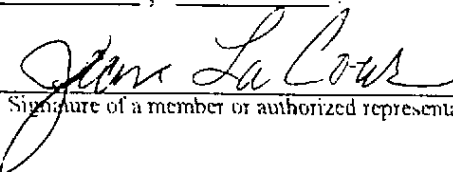
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JULY 1, 2021



Signature of a member or authorized representative of a member

JEAN LACOUR

Typed or printed name of signee

55. Filing Fee & Certified Copy