L21000039170

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COVER LETTER

Division of Cor		•
CJL RESEA	ARCH LLC	
30Bacc1	Name of Lin	nited Liability Company
The enclosed Articles of .	Amendment and fee(s) are sub	bmitted for filing.
Please return all correspo	ndence concerning this matter	r to the following:
	JEAN LACOUR	
	_	Name of Person
	CJL RESEARCH LLC	
		Firm/Company
	1500 BEVILLE, SUITE 6	506 #377
		Address
	DAYTONA BEACH, FL	32114
	JEANLACOUR7@GMAII	City/State and Zip Code L.COM
	E-mail address:	(to be used for future annual report notification)
For further information co	oncerning this matter, please o	eall:
JEAN LACOUR		407 247-0860 at ()
Name of	Person	Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount;	<u> </u>
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:

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

he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 regist gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	CJL RESEARCH LLC				
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 Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Center 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 regist gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)			
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. Florida	New Registered Office Address:	Entar Florida straat addrass			-
, Florida				5.1 75	:
City Zin Cade		, Florida		p Code C	

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 Poor removed from our recor	erson(s) authorized to manage, <u>enter the title, name, and a</u> r <u>ds</u> :	ddress of each person being added
MGR = Manager AMBR = Authorized Men	nber	
<u>Title</u> <u>Name</u>	Address	Type of Action
		□Add
		🗆 Remove
		Change
		∏Add

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ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da filed.	:01 a.m. on the earlier of: (b) The 90th day after t
NOVEMBER 09 2022 Signature of a member or authorized representative of a member	Cour

Filing Fee: \$25.00