L21000039170

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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cf 5/8/2025

COVER LETTER

TO: Registration Section **Division of Corporations** 2062

	CJL RESEARCH LLC					
30041.21.		ted Liability Company				
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return all correspond	dence concerning this matter	to the following:				
	JEAN M LACOUR					
	<u></u> ,	Name of Person				
	CJL RESEARCH LLC					
	Firm/Company 136 BROWN PELICAN DR					
	136 BROWN PELICAN DR					
	Address					
	DAYTONA BEACH, FL	32119				
		City/State and Zip C	ode			
	jeanlacour7@gmail.com	1.0				
		to be used for future an	пиат героп поине	ation)		
For further information con	ncerning this matter, please co	all:				
JEAN M LACOUR		407 at (247-0860			
Name of	Person	Area Code	Daytime 1	Telephone Number		
Enclosed is a check for the	following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop (additional copy)	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
N. 12 Add		V 54				

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

FILED

CJL RESEARCH LLC

company has been notified in writing of this change.

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(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records. Liability Company)	TALLAHASSEE, FL	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000039170</u>	were filed on 01/20/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	JEAN M LACOUR		
(Principal office address MUST BE A STREET ADDRESS)	136 BROWN PELICAN DR		
	DAYTONA BEACH, FL 32119		
Enter new mailing address, if applicable:	JEAN M LACOUR		
(Mailing address MAY BE A POST OFFICE BOX)	136 BROWN PELICAN DR		
	DAYTONA BEACH, FL 32119		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		he name of the new registered	
	Enter Florida street address		
	, Florida City Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and	l I am familiar with and	

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
MGR	LACOUR, JEAN M	136 BROWN PELICAN DR, DAYTONA BEACH, F	L _ ≡ Add
		1500 BEVILLE RD, STE 606-377, DAYTONA BEA	C _ ≣Remove
			_ ≘ Change
			_ □Add
			_ 🗆 Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			_ □Add
			_ □Remove
			_ □Change
			□Add
			_ □Remove
			□ Change

	SINGLE MEMBER LLC
	THANK YOU.
If an e <u>Note:</u>	ive date, if other than the date of filing: [Coptional] [Coptional]
e reco	rd 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 led.
Dated	MARCH 17 2025
Dutet	

Typed or printed name of signee

Filing Fee: \$25.00 \$30 auphicate of Status