

L21000039170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

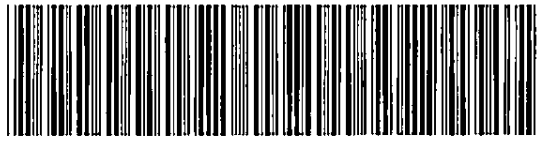
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700447347657

03/25/25--01037--006 \*\*20.00

FILED  
2025 MAR 25 AM 7:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

cf 5/8/2025

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CJL RESEARCH 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 M LACOUR

Name of Person

CJL RESEARCH LLC

Firm/Company

136 BROWN PELICAN DR

Address

DAYTONA BEACH, FL 32119

City/State and Zip Code

jeanlacour7@gmail.com

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

For further information concerning this matter, please call:

JEAN M LACOUR

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

Name of Person

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

2025 MAR 25 AM 7:07

SECRETARY OF STATE  
TALLAHASSEE, FL

**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>
MGR	LACOUR, JEAN M	136 BROWN PELICAN DR, DAYTONA BEACH, FL	<input checked="" type="checkbox"/> Add
		1500 BEVILLE RD, STE 606-377, DAYTONA BEACH, FL	<input checked="" type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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.)*

NOTE: NEW ADDRESS FOR: MGR LACOUR, JEAN M

SINGLE MEMBER LLC

THANK YOU.

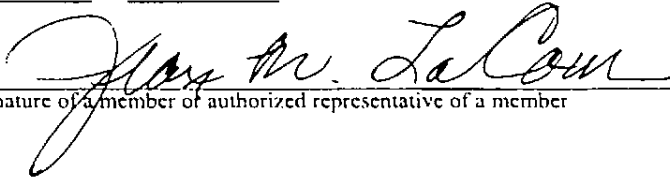
**E. Effective date, if other than the date of filing:** MARCH 17, 2025 **(optional)**

*(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 MARCH 17, 2025

  
Signature of a member or authorized representative of a member

JEAN M LACOUR

Typed or printed name of signee

Filing Fee: ~~\$25.00~~

\$30 Application of Status