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(Requ	estor's Name)	
(Addre	:55)	
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(City/S	tate/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
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J SHVINIONS SEP 27 2021

COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

CUBIECT, CNU LIC		••	
SUBJECT: <u>CNJI, LLC</u>		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Barb McBride		
		Name of Person	
	South Beach Tax & Finance		
		Firm/Company	
	1692 Penman Road	Address	
		Aodiess	
	Jacksonville Beach, FL 32	250 City/State and Zip Code	
	dhfillion@gmail.com	,	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
Barb McBride		at (904) 241-2533	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CNJI, LLC		2421 SEH 16 PAN 7	1: 52
(Name of the Limit	ed Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)	_
The Articles of Organization for this Limited L	iability Company	were filed on 08/27/2021	and assigned
Florida document number <u>L21000385789</u>	 ·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liab	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS)		

Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office addre	_	address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	Enter Florida street address	
		, Floric	da 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>	Address 31 52 15 31 7: 51	Type of Action
AMBR	BROWNWYN R. FILLION	63 37TH AVENUE SOUTH	■Add
		JACKSONVILLE BEACH, FL 32250	□ Remove
			□Change
			□Add
			□Remove
			□Change
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			☐ Change

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EPTEMBER 13 . 2021
Signature of a member or authorized representative of a member
DANIEL H. FILLION, MANAGING MEMBER