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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Section

Division of Corp	orations		
SUBJECT: C/	MJ Holdings	I LLC ited Liability Company	
	Name of Lim	ited Liability Company	•
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Y 11	<i>p</i> /	
	JONATANA	Beach Name of Person	
		Firm/Company	
	(0 T (1 ()		
	1056 Walaus	Address	
	Elnira, NY	14905	******
	Johnson 1996	City/State and Zip Code Ogmail. com to be used for future annual report not	ification)
For further information co	ncerning this matter, please ca		
Jonathan Bo	Person	at (<u>607</u>) <u>322</u> Area Code Daytin	- 6626 ne Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of Co		Registration Se Division of Co	
P.O. Box 6327	· • · • · · · · · · · · · · · · · · · ·	The Centre of	•
Tallahassee, F		2415 N. Monro	se Street. Suite 810

Tallahussee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMS Holdin	ngs L, L	LC		
(Name of the Limited (A	Florida Limited Liabi	s it now appears on our lity Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L 21000425 701</u>	oility Company we	re filed on <u>Septen</u>	1ber 28,	2021 and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liability	company here:		
The new name must be distinguishable and contain the word	is "Limited Liability C	Company," the designation	on "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO				
B. If amending the registered agent and/or registered affice address h		ress on our records,	enter the na	me of the new registere
Name of New Registered Agent:	 			OF ST
New Registered Office Address:		Enter Florida stree	t address	nA =
-		<i>C</i> :	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 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>	Name	Address	Type of Action
AP	Jonathan Beach	1056 Walnut St Apt 1	🗆 Add
		Elmina, NY 14905	
			□Change
AP	Michael Beach	1204 West Water St	□Add
		Elmina, NY 14905	Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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f an effe Note: I	ve date, if other than the date of filing:
record d is file	I 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 d.
Dated _	November 24 th 2021
	Signature of a member or authorized representative of a member

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