h22000211851

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COVER LETTER

UBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JENNIFER L POPE		
		Name of Person	
	CJ BISTRO, LLC		
		Firm/Company	
	12275 MERCADO DR		
		Address	
	VENICE, FL 34293		
		City/State and Zip Code	
	LOUIESBISTRO.COFFEE	@GMAIL.COM	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
JENNIFER I. POPE		304 208-2017 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	S30.00 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

TO:

Registration Section Division of Corporations

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**

CJ BISTRO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05.04.2022}{1}$ Florida document number L22000211851 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) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

___, Florida ___

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	COREY POPE	188 SHADY PINE LANE	■Add
		NOKOMIS, FL 34275	□Remove
			Change
			∐Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

				
 				
				
				
				
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	05,04.20			
fective date, if other than th	e date of filing:	122	(optional) than 90 days after filing.) Pursuant to	
n effective date is listed, the date mote: If the date inserted in this becament's effective date on the I	block does not meet the ap	plicable statutory filing re	than 90 days after filing.) Pursuant to equirements, this date will not be	listed as t
ecord specifies a delayed effecti is filed.	ve date, but not an effectiv	ve time, at 12:01 a.m. on	the earlier of: (b) The 90th day	after the
JULY 14	2022			
JULY 14	10mg.	·		
- U 1/U 54 AB2				

Typed or printed name of signee