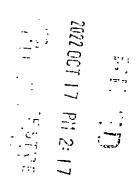
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
Special instructions to 1 ming officer.	
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COVER LETTER

TO:

Registration Section Division of Corporations

	dings Deland-Alabama,LLC		
SUBJECT:	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Thomas A Hawkins		
		Name of Person	
	Flint Land LLC		
		Firm/Company	
	414 Jennie Jewel Dr		
		Address	
	Orlando, FL 32806		
		City/State and Zip Code	
	Sowega1986@gmail.com		
	E-mail address	: (to be used for future annual report no	tification)
For further information	concerning this matter, please	call:	
Thomas A Hawkins		407 353-7211 at ()	
Name	e of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	r the 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 Addi Registration Division of P.O. Box 6. Tallahassee	1 Section Corporations 327	Street Address: Registration Solution of Co The Centre of 2415 N. Monn Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2022 OCT 17 PH 2: 17

CJM Holdings Deland-Alabama, LLC

(<u>Name of the Limi</u>	ted Liability Compan (A Florida Limited Li	<u>y as it now appears on c</u> ability Company)	our records.)	EST TE
The Articles of Organization for this Limited L	iability Company v	were filed on $\frac{09/21/20}{}$)22	and assigned
Florida document number 1.22000411992				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabil	ity company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabilit	y Company," the designa	ition "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applic	able:			
Principal office address MUST BE A STREE	ET ADDRESS)			
				-
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)			
) If			L	F 4 h
 If amending the registered agent and/or regent and/or the new registered office addre 		auress on our record	is, <u>enter the name o</u>	the new regist
Name of New Registered Agent:	Flint Land LLC			
New Registered Office Address:	414 Jennie Jewel			
		Enter Florida str	reet address	
	Orlando		Florida ³²⁸⁰⁶	
		City		Zip Code

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	Type of Action
MGR	Thomas A Hawkins	414 Jennie Jewel Dr, Orlando, FL 3	2806 ∃ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		_	□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

D. If ame	nding any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effecti	ve date, if other than the date estive date is listed, the date must be sp	of filing: (optional) ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1)
Note:	If the date inserted in this block dent's effective date on the Departr	bes not meet the applicable statutory filing requirements, this date will not be listed as the
If the record record is fil-		but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _.	OLTUBER 12	. 2022
		ure of a member of authorized representative of a member
		Typed or printed name of signee
		Typed or printed name of signee

Filing Fee: \$25.00