L22000526911

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(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Se Division of Cor				
	EALTOR LLC			
SUBJECT:	Name of Lim	nited Liability Company		
		. 10 00		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	CARLA JEAN CO			
		Name of Person		
	C.J. CO REALTOR LLC			
		Firm/Company		
	539 ARCH RIDGE LOOP	,		
		Address		
	SEFFNER, FL, 33584			
		City/State and Zip Code	<u> </u>	2023 JAN
	CEEJVIDALLO@YAHOC		골.	Ą
		(to be used for future annual report notification)	WHYSELT FOLLO	- 3
For further information c	oncerning this matter, please c	all:		
JESSE CO		813 7082223 at ()	(i) (g)	PH 3: 59
Name o	f Person	Area Code Daytime Telephone Number	<u> </u>	59
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Certificate (additional copy is enclosed)	of Statu Copy	
Mailing Addres Registration S		Street Address: Registration Section		
Division of C	Corporations	Division of Corporations		
P.O. Box 632 Tallahassee, l		The Centre of Tallahassee 2415 N. Monroe Street, Suite 81	0	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C.J. CO REALTOR LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on DECEMBER 16, 2022	and assigned
Florida document number L22000526911	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		ς <u>ω</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the nar	ne of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, 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 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	CARLA JEAN CO	539 ARCH RIDGE LOOP	= Add
		SEFFNER. FL, 33584	□Remove
		_	□Change
AMBR	JESSE CO	539 ARCH RIDGE LOOP	
		SEFFNER, FL, 33584	□Remove
			€Change
			□Add
			□Remove
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ffective date, if other than the date (of filing:		(antior	val)	
ffective date, if other than the date of an effective date is listed, the date must be specified. If the date inserted in this block do locument's effective date on the Department.	es not meet the applicab	date of filing or more the statutory filing rec	nan 90 days after fi juirements, this o	ling.) Pursi late will n	uant to 605.02 not be listed
record specifies a delayed effective date, d is filed.	but not an effective tink	e, at 12:01 a.m. on th	e earlier of: (b)	The 90th	ı day after th
DECEMBER 28 Dated	2022				
	1				
	The state of the s		. <u>.</u>		
Signat	ure of a member or authorize	zed representative of a	member		

Filing Fee: \$25.00