L2300057873

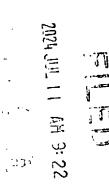
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COVER LETTER

Tallahassee, FL 32314

TO: F	Registration S Division of Co	Section orporations			
SUBJEC		AL ESTATE LLC			
	··	Name of Lii	nited Liability Company		•
The enclos	sed Articles o	f Amendment and fec(s) are su	bmitted for filing.		
Please reti	um all corresp	ondence concerning this matter	to the following:		
		Daniel Barrientos			
			Name of Person		_
		DBS Financial Consulting	?		
			Firm/Company	-	_
		1631 Park Commerce Cou	ırt		
			Address		_
		Saint Cloud, FL 34769			2024
		dbs@dbsfinancialconsultin	City/State and Zip Code		2024 JUL 1 1 AH
		E-mail address: (to be used for future annual rep	port notification)	0
For further	information o	concerning this matter, please c	all;		計 9
Daniel Bar	rrientos		321 960-6	6662	9:22
	Name o	f Person		Daytime Telephone Number	er
Enclosed is	a check for th	he following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	ate of Status &
Re Di	ailing Addres egistration S ivision of C O. Box 632	Section orporations	Street Addr Registratio Division o The Centre		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.KAI REAL ESTATE LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number L23000057873	pany were filed on 01/31/2023	and assigned
This amendment is submitted to amend the following:		and assigned ion "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited	liability company here:	
Caujil LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		1324
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		22
3. If amending the registered agent and/or registered of	fice address on our records, enter the	name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add ORemove
			Change To
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te: If the date inserted in this becument's effective date on the E	epartment of	State's record	icable statutoi ls.	ry filing requir	ements, this d	ate will not be l	listed
ecord specifies a delayed effection is filed.	e date, but n	ot an effective	time, at 12:01	a.m. on the e	arlier of: (b)	The 90th day a	fter th
ed		2024	·				
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