12300067826

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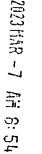
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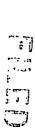


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COVER LETTER

10:		istration ision of C	Section Corporations		
SUBJE	СΤ٠	CJL Cor	sulting L.L.C.		
SOBJE			Name of I	imited Liability Company	
The enc	losed	Articles	of Amendment and fee(s) are s	ubmitted for filing.	
			pondence concerning this matt	•	
			Stephanie Goebel		
				Name of Person	 _
			ZenBusiness Inc.		
				Firm/Company	
			5511 Parkerest Drive, St	te. 103	
				Address	
			Austin, TX 78731		
			fulfillment@zenbusiness.	City/State and Zip Code	
			E-mail address	(to be used for future annual report notification	1)
For furth	ner in l	ormation	concerning this matter, please	call:	
Stephan	ie Go	ebel c/o Z	ZenBusiness Inc.	844 493-6249	
	-	Name	of Person	Area Code Daytime Telep	phone Number
Enclosed	lis a o	theck for	the following amount:		
\$25.0	00 Fil	ing 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			tration Section on of Corporations 30x 6327	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	DDRESS: STATE

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CJL Consulting L.L.C.		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on or da Limited Liability Company)	ır records.)
The Articles of Organization for this Limited Liability Florida document number <u>L23000067826</u>	Company were filed on 02/07/20.	23 and assigned
	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Leggett Healthcare Consultants LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	n noo	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered agent and/or the new registered office ado 	stered office address on our l	records, enter the name of the ne
	areas nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	rt address
	City	, Florida
ew Registered Agent's Signature, if changing Registere	ed Agent:	
hereby accept the appointment as registered agent rovisions of all statutes relative to the proper and cecept the obligations of my position as registered a eing filed to merely reflect a change in the registere ompany has been notified in writing of this change.	complete performance of my du gent as provided for in Chapter ed office address. I hereby cont	ties, and I amfamiliar with and, 605, F.S. Or if this document is irm that the limited liability
		(re) and growing
		8: 5 FL
	If Changing Registered Agent, Sig	nature of New Registered Agent

11 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
			Add
			□ Remove
			Change
			☐ Remove
			Change
			Remove
			Change
			Add
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			D Add
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			SECOND Diange Than SECOND DIAN -
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ote: If t	e date, if other than the date is listed, the date in this the date inserted in this this effective date on the	block does not Department of	nd cannot be pri meet the appl 'State's record	or to date of filing icable statutory is.	g or more than 9 / filing require	ments, this da	ing.) Pursuant ate will not l	be listed a
The 90	d specifies a delaye Oth day after the re	cord is filed	l.	iot an effecti	ive time, at	12:01 a.n	n. on the	earlier o
** *	bruary 16		2023					
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