L23000075986

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(Document Number)
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Ryan Keepman				
		Name of Person			
	CCRJ LLC				
		Firm/Company			
	116 MC DAVIS BLVD, S	SUITE 223	~,		
		Address	ة نب م-ر-		
	SANTA ROSA BEACH,	WI 32459			
		City/State and Zip Code	S		
	rkeepman@evanstrans.com		- ! - :		
	E-mail address: (to be used for future annual report notif	ication) :		
For further information c	oncerning this matter, please c	all:	် " ယ		
Charles Miller		262 227-3057 at ()			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing 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 Addres Registration S	Section	Street Address: Registration Sec			
Division of C P.O. Box 632	•	Division of Corp The Centre of Ta			
Tallahassee, I		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CCKJ I.I.C		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability C Florida document number <u>L23000075986</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	·
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	- 10 - 10 - 10
		<u>. </u>
		∪\
Enter new mailing address, if applicable:		· · ·
Mailing address MAY BE A POST OFFICE BOX)	·	
		14 ω
B. If amending the registered agent and/or registerengent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registe
		·
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
		lorida
	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
AMBR	Jason Mansur	116 MC Davis Blvd	
		Suite 223	Remove
		Santa Rosa Beach, FL 32459	Change
			□Remove
			□Change
			bbA⊡
			Change
	<u> </u>	_ 	r. S □Add
		 	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

			 		
	_	<u> </u>			<u> </u>
 			_		
	<u> </u>				

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 17

Signature of a member or authorized representative of a member

Charles Miller, Authorized Member

Typed or printed name of signee

Fig. 60