L23000019283

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COVER LETTER

TO: Registration Sc Division of Cor		•	·
CJP House	s. LLC		
SUBJECT:	Name of Lur	nted Liability Company	
Division of Corporations CP Houses, LLC Name of Linnated Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Cheyenne Petersen Same of Person CIP Houses, LLC Firm% ongony 10300 Willow Dr Address Port Richey, FL 34608 City State and Zap Code cjphouses@gmail.com E-mail address—to be used for future annual report notification For further information concerning this matter, please call. Cheyenne Petersen Name of Person Name of Person Targ 277-9390 Daytine Telephone Number Enclosed is a check for the following amount: Exclosed is a check for the following amount: Street Address: Mailing Address: Street Address:			
Please return all correspo	ondence concerning this matter	to the following:	
	Cheyenne Petersen		
		Name of Person	
	CJP Houses, LLC		
		Firm/Company	
			ET S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		Address	. y Alaman and
CJP Houses, LLC Firm/Company 10300 Willow Dr Address Port Richey, FL 34668 City State and Zip Code cjphouses@gmail.com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call. Chevenne Petersen 727 277-9390			
		City State and Zip Code	
	CIP Houses, LLC Firm/Company 10300 Willow Dr Address Port Richey, Ft. 34668 City State and Zip Code cjphouses@gmail.com E-mail address (to be used for future annual report notification) rther information concerning this matter, please call.		
	E-mail address (to be used for future annual report nots	fication)
For further information c	oncerning this matter, please c	all.	
Cheyenne Petersen			
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
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Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	
Tallahassee,			e Street, Suite 810

Tallahassee, FL 32303



June 12, 2023

CHEYENNE PETERSEN 10300 WILLOW DRIVE PORT RICHEY, FL 34668

SUBJECT: CJP HOUSES, LLC Ref. Number: L23000079283

We have received your document for CJP HOUSES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

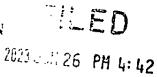
If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 323A00013299

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.) SSEE, FL

The Articles of Organization for this Limited Liability Company	were filed on $\frac{02/13/2023}{}$	and assigned
Florida document number 1.23000079283		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Brightway Organizing, LLC		
The new name must be distinguishable and contain the words "Lumted Gabi	my Company," the designation (1.1.C) of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		·····
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our records, <u>enter the</u>	e name of the new registered
and of the new registered white address mite.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	Zap 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:

or removed from our records:	•	•	
MGR = Manager AMBR = Authorized Member			

Title	<u>Name</u>	<u>Address</u>	Type of Action
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ective date, if other than the effective date is listed, the date many	ist be specific and can	mot be prior to date	of filing or more th	ian 90 days after fi	ling, i Pursua	ant 10 605,020
e: If the date inserted in this humont's effective date on the l			atutory filing rec	mirements, this c	late will no	t be listed a
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cord specifies a delayed effecti s filed.	ve date, but not an	effective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th (day after the
April 19	2	2023				
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ed		1				
_Chus	Signature of a men	nber or authorized	<u> </u>			