L23 000 130 716

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				
	ROUP, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	JIAREN ZHENG			
		Name of Person		
	CJ 2023 GROUP, LLC			
		Firm/Company	·	r
	15643 SW 40 STREET		.:	•
		Address		:
	MIRAMAR, FL. 33027			
	,	City/State and Zip Code		
	JAYZH1004@GMAIL.CO			
Pau Gueban in Commission	E-mail address: (concerning this matter, please c	to be used for future annual report notifi	cation) (- 1	
JIAREN ZHENG	concerning this matter, prease c	305 490-7550		
	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is eucle	
Mailing Addre	<u>ss:</u>	Street Address:		
Registration	Section	Registration Sec		
Division of C	•	Division of Corp		
P.O. Box 633 Tallahassee.		The Centre of Ta	Hahassee Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CJ 2023 GROUP, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Torida document number L23000130716	npany were filed on MARCH 14TH, 2023	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	d liability company here:	
U 23 GROUP LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	(2.2)	
		•
inter new mailing address, if applicable:	"	1.
Mailing address MAY BE A POST OFFICE BOX)		
runng dadress		()
		• .
 If amending the registered agent and/or registered or gent and/or the new registered office address here: 	ffice address on our records, <u>enter the name</u>	of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida , Florida	Zip Code
	V-1()	AND COURT

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			(7 ☐Change
			□Add
			□Remove
			\frac{1}{\triangle} \tag{\text{Change}}
			□Add
			□Remove
			□Add
			Remove
			□ Change
			□Add
			□Remove

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<u> </u>			
		4 <u>-14-8-1</u>	74.
			1
<u> </u>			
ective date, if other than the	date of filing:	(optio	nal)
reffective date is listed, the date mus	t be specific and cannot be prior to date ock does not meet the applicable st	of filing or more than 90 days after	filing.) Pursuant to 605.020
nument's effective date on the Do	epartment of State's records.		
cord specifies a delayed effective	e date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
s filed.			
	2023		
APRIL 3RD			

Typed or printed name of signee

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