L23000268783

(Requestor's Name)
(Address)
(
(Åddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer

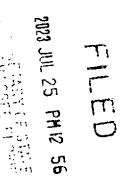
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07/25/23--01005--023 **25.00

LLC N/C Amend



AL RAMSEY AUG 1 & 2025

COVER LETTER

Registration Section

P.O. Box 6327

TO:

Division of Cor	porations		
SUBJECT: CNJJ - Hea	ulth LLC		
SUBJECT:	Name of Lim	ited Liability Company	.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joseph Brooks		
		Name of Person	
	CNJJ Health LLC		
		Firm/Company	
	3600 S Congress Ave. Sui		
		Address	
	Boynton Beach, FL 33445		
	ibraul: 270@umail.com	City/State and Zip Code	
	jbrooks279@gmail.com E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Joseph Brooks		at (561) 613-3223	
Name o	f Person	Area Code Daytim	ne 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		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	

The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED **OF**

2023 JUL 25 PM 12 56

CNJJ - Health LLC

(Name of the Limited Liability Company as it now appears on our records:) 7 Y 3 TATE (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>06/02/2023</u>	and assigned
Florida document number L23000268783		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
CNJJ Health LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L	LC" or 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:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street ada	lress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			☐Change
			□Add
		·-··	Remove
			□Change
			□Add
			□Remove
			Change

 	
Note: If the date inserted in th	the date of filing:
record specifies a delayed effi f is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Pated <u>07/19</u>	2023
. 4	
——————————————————————————————————————	Signature of a member or authorized representative of a member
Joseph W Brooks	Typed or printed name of signee