## L230004274SS

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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$E^{2} \subset \mathbb{R}^{3}$

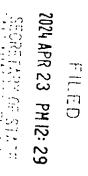
Office Use Only



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Ret. 04/23/24



## **COVER LETTER**

	Division of Cor			
SUBJECT	Ccjkgw LL	.C		
SUBJEC		Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	um all correspo	ondence concerning this matter	to the following:	
		Guillermo Wenzel		
		<del></del>	Name of Person	
		Ccjkgw LLC		
		Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:    Guillermo Wenzel		
		650 NE 64th St, Apt G6	01	
			Address	
		Miami, FL 33138		
		seikaw@amail.com	City/State and Zip Code	
			to be used for future annual report not	fication)
For further	r information c	oncerning this matter, please c	all:	
Guillermo	o Wenzel			
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed i	is a check for t	he following amount:		
□ <b>\$</b> 25.00	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	<b>Aailing Addres</b> Registration 1		<u>Street Address:</u> Registration Se	ection
I	Division of C	Corporations	Division of Cor	rporations
P	P.O. Box 632	27	The Centre of 1	l'allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Ccjkgw LLC

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

(A Florida Limited Liability Company)

Liability Company)	/· .:
were filed on 9/13/2023	and assigned
ility company here:	
lity Company," the designation "LLC" or	the abbreviation "L.L.C."
address on our records, enter the	name of the new registered
Enter Florida street address	
	Zip Code
- •	21p Coae
ee to act in this capacity. I furthe performance of my duties, and I provided for in Chapter 605, F.S address, I hereby confirm that t	am familiar with and . Or, if this document is
	ility company here:  ity Company," the designation "LLC" or  address on our records, enter the  Enter Florida street address

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>	<u>Address</u>	Type of Action
AMBR	KHOJE, JAY	1012 NW 87TH AVE, APT 205MIAMI, FL 33172	? □ Add
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Tective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the D	date of filing: st be specific and cannot b ock does not meet the	applicable statutory	or more than 90 days after	onal) r filing.) Pursuant to 605.02 s date will not be listed a
record specifies a delayed effectiv is filed.	e date, but not an effec	tive time, at 12:01 s	n.m. on the earlier of: (b	) The 90th day after th
April, 22nd	, 2024	-(:		
		\		
	Signature of a member of	r authorized represent	ative of a member	

Filing Fee: \$25.00