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Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707

Phone : (305)803-2736

Fax Number

: (305)646-1527

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CJJ CONSTRUCTION, LLC

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Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

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3056461527

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

CJJ CONSTRUCTION, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number L23000472775	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
CJJ OUALITY TLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name agent and/or the new registered office address here:	ne of the new registered
the new registered office address here:	9~;3
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	****** I
, Florida	· · · · · · · · · · · · · · · · · · ·
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.

_ 🗆 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			□ Change
			□Add
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