

L24 00009 1598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

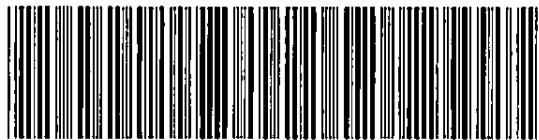
(Business Entity Name)

(Document Number)

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2024 APR 11 AM 9:32  
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F I L E D

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C & J Kitchen LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Junia St Fleur

Name of Person

C & J Kitchen LLC

Firm/Company

11460 SW 20th Street

Address

Miramar, FL 33025

City/State and Zip Code

Junia001@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Junia St Fleur

Name of Person

at 754, 244-1976

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 enclosed)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2024 APR 11 AM 9:32  
REGISTRATION OF STATE  
TALLAHASSEE, FL

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

C 8 J KITCHEN 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 02/21/2024 and assigned Florida document number L 24 000091598

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)*

MIA  
MIA

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

MIA  
MIA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CHANCELLOR DON JOIE

New Registered Office Address:

11460 SW 20<sup>TH</sup> STREET

*Enter Florida street address*

MIRAMAR

. Florida

33025

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.*

Ch. Day  
If Changing Registered Agent. Signature of New Registered Agent

AM 9:32  
S OF STATE OF FLORIDA  
SEE FL

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>	<u>Type of Action</u>
AMBR	Donjoie, Chancellor	11460 SW 20 <sup>TH</sup> STREET MIRAMAR, FL 33025	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ST Fleur, Junia	11460 SW 20 <sup>TH</sup> STREET MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	CARAPHAEL ST Fleur	11460 SW 20 <sup>TH</sup> STREET MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

A hand-drawn graph on lined paper. The graph features two bell-shaped curves, likely representing normal distributions. The left curve is narrower and shifted to the left of the center, while the right curve is wider and shifted to the right. Both curves are symmetric and centered on vertical grid lines. The background consists of horizontal ruling lines on the paper.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 4/8/2024



Signature of a member or authorized representative of a member

JUNIA ST FLEUR

Typed or printed name of signee

90th day a  
2024 APR 11 AM 9:33  
STATE  
SEAL  
TALLAHASSEE, FL

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