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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

To: Registration Section
Division of Corporations

SUBJECT: CJZ Holdings

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:

Jonathan Daye

Name of Person

Firm/Company

3601 W San Juan St

Address

Tampa, FL 33629

City/State and Zip Code

jdaye3@gmail.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Jonathan Daye

Name of Person

at (912) 508-9343

Area Code

Direct 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 Amendment
& 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
3415 N. Monroe Street, Suite 810

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CJZ HOLDINGS

(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 03/20/2024 and assigned
Florida document number L24000138136.

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 "L.L.C." or the abbreviation "LLC."

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 of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

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:

MGRR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jonathan Daye	7901 4TH ST N STE 300	☒ Add
		ST. PETERSBURG, FL 33702	☐ Remove
			☐ Change
AMBR	Zachary Daye	7901 4TH ST N STE 300	☒ Add
		ST. PETERSBURG, FL 33702	☐ Remove
			☐ Change
AMBR	Christopher Daye	7901 4TH ST N STE 300	☒ Add
		ST. PETERSBURG, FL 33702	☐ Remove
			☐ Change
			☐ Add
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove

2014 JUN 12 PM 2:51
SECRETARY'S OFFICE
ST. PETERSBURG, FL

2024 JUL 12 PM 2:57
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2024 JUL 12 PM 2:57
SECRET
TALLAHASSEE, FL

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.

2024

2024

[Signature]

Signature of a member or authorized representative of a company

Typed or printed name of signer: _____