

L24000334941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

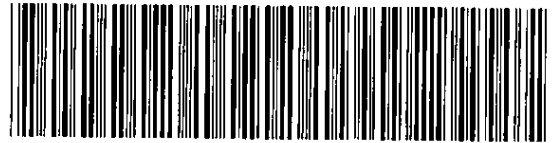
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400436453614

09 17 24 01:07 PM ***

FILED
2024 SEP 17 PM 12:20
TALLAHASSEE, FLORIDA



THOMSON
LAW OFFICES, LLC

Peter H. Thomson, Esq.
Admitted in FL and PA

FLORIDA
6439 Engram Road
New Smyrna Beach, FL 32169

PENNSYLVANIA
800 Vinial Street, Suite 412
Pittsburgh, PA 15212 EMAIL

PHONE 386-410-4633
MOBILE 412-519-5936
PHT@ThomsonLawOfficesLLC.com

September 4, 2024

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

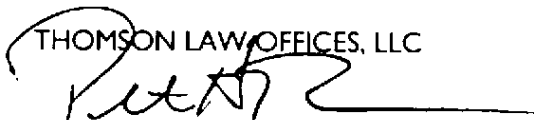
**Re: MCJ Bouchelle, LLC
CCJ Casalta LLC
Articles of Amendment**

Dear Sir or Madam:

I have enclosed for processing with your office Articles of Amendment for each of the referenced limited liability companies along with my check for \$25.00 for each entity.

Thank you and let me know if you have any questions.

Very truly yours,

THOMSON LAW OFFICES, LLC

Peter H. Thomson

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MCJ BOUCHELLE 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:

Peter H. Thomson, Esq.

Name of Person

Thomson Law Offices LLC

Firm/Company

6439 Engram Road

Address

New Smyrna Beach, FL 32169

City/State and Zip Code

pht@thomsonlawofficesllc.com

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

For further information concerning this matter, please call:

Peter H. Thomson

386 410-4633
at ()

Name of Person

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

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

MCJ BOUCHELLE LLC

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

FILED
2024 SEP 17 PM 12:20

The Articles of Organization for this Limited Liability Company were filed on 07/29/2024 and assigned
Florida document number 1.24000334941

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

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.

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>	<u>Type of Action</u>
AMBR	Claudette C. Johnson	3531 Grande Tuscan Way	<input type="checkbox"/> Add
		New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Claudette J. Johnson	3531 Grande Tuscan Way	<input type="checkbox"/> Add
		New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CC& MJ PROPERTIES LLC	3531 Grande Tuscan Way	<input checked="" type="checkbox"/> Add
		New Smyrna Beach, FL 32168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

FILED
2024 SEP 17 PM 12:20
TALLAHASSEE, FLORIDA

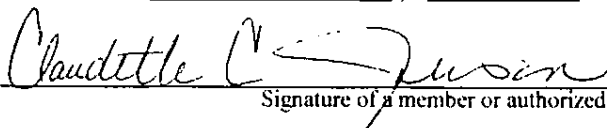
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 August 15, 2024



Signature of a member or authorized representative of a member

Claudette C. Johnson

Typed or printed name of signee