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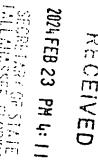
(H	Requestor's Name)	
(A	(ddress)	
(A	(ddress)	
(C	ity/State/Zip/Phone #)	
ν,	neyrotatora.pri momo ny	
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name)	
(C	Occument Number)	
,-	,	
Continue Continu	C	Cantura
Certified Copies	Certificates or	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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#. HUNT 02/23/24



COVER LETTER

TO:	_		Section Corporations				
SUBJE	ECT:	CJD 21	OWP LLC	1	iniand t labelia	Company	
			Name of Foreig	gn L	imited Liability	Company	
Dear Si	ir or M	fadam:					
The end	closed	applic	ation, certificate and fee(s)	are	submitted for fil	ling.	
Please	return	all cor	respondence concerning th	is n	natter to the follo	wing:	
Mag	gie Sc	hultz,	Esq.				
			Name of Person				
Rutle	edge E	Ecenia,	P.A.				
			Firm/Company				
119 S	outh l	Monro	oe Street, Suite 202			5	-
			Address			f ,	C L.
Talla	hasse	e, Flor	ida 32301				
			City/State and Zip Cod	e			
ashlin@							
E-ma	ail add	ress: (t	o be used for future annua	l rep	ort notification)		
For furt	ther in	format	ion concerning this matter,	, ple	ase call:		
N	laggie	: Schu	ltz	_at		681-6788	
		Nam	e of Person		Area Code & Da	aytime Telephone Number	
		e Addr	ess: a Section			t Address: stration Section	
	_		Corporations			sion of Corporations	
		Box 63				Centre of Tallahassee	
	Talial	hassee	, FL 32314			5 N. Monroe Street, Suite 810 ahassee, FL 32303)
•	Enclo	sed is	a check for the following	am	ount:		
□\$25 E			☐ \$30 Filing Fee & Certificate of Status		\$55 Filing Fee & Certified Copy	Certificate of Status	&
CR2E055	5 (9/15)					Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

State: CJD 2L OWP LLC	
Enter new principal office address, if applicable:	N/A
(Principal office address	825 COURTLAND ST
MUST BE A STREET ADDRESS)	ORLANDO, FL 32804
Enter new mailing address, if applicable:	447 BROADWAY FL 2 #333
(Mailing address MAY BE A POST OFFICE BOX)	NEW YORK, NY 10013
2. The Florida document number of this limited lis3. Jurisdiction of its organization: DE	
4. Date authorized to do business in Florida: 01/0	05/2024
SECTION II (5-9 complete only the applicable	
(mus	st contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	ed for the purpose of transacting business in Florida and attach a anaging members adopting the alternate name. The alternate name. C." or "LLC.")
6. If amending the registered agent and/or registereregistered agent and/or the new registered office a	red officer address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
_	, Florida City Zip Code
the provisions of all statutes relative to the proper and accept the obligations of my position as regist	ent and agree to act in this capacity. I further agree to comply we r and complete performance of my duties, and I am familiar with stered agent as provided for in Chapter 605, F.S. Or, if this e in the registered office address, I hereby confirm that the limite

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	Name	Address	Type of A	
AP	Ashlin Conroy	2015 PITKIN AVE.		
		BROOKLYN, NY 11207	= R	
			□#	
			□R	
			□R	
			~ ·	
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			<u>··</u>	
aforemention	certificate, if required: no more that and amendment(s), duly authenticat ander the law of which this entity is	ed by the official having custody of records in the	□R	

Filing Fee: \$25.00