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TO:

Registration Section 💮 🗲

Tallahassee, FL 32314

Div	ision of Co	rporations •	<i>a</i> *	
SUBJECT	SJMJ, L.L	.C.		
SUBJECT:		Name of Limited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Michael A Scott		
			Name of Person	
		The Dorcey Law Firm, PL	C	
			Firm/Company	
		10181 Six Mile Cypress P	arkway. Suite C	
		-	Address	
		Fort Myers, FL 33966		
			City/State and Zip Code	
		Mike@DorceyLaw.com		
		h-mail address: (to be used for future annual report not	ification)
For further in	iformation c	concerning this matter, please c	all;	
Michael A S	Cott		239 418-0169 at ()	
	Name o	of Person	Area Code Daytir	ne Telephone Number
	1 1 2 -	(en		
		he following amount:	Clesson rov	E syn so pit'. It
■ \$25.00 F	iling 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		STREET/COUR Registration Secti	HER ADDRESS: ion	
	Divisio	on of Corporations ox 6327	Division of Corpe Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

.5	JMI	5.1 LC.	
(Name of the Limite	d Liability Comp A Florida Limited	anylas it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited Lia Florida document number	ability Company	were filed on $\frac{03/25/2004}{OQQQ}$	and assigned.
This amendment is submitted to amend the follo	wing:		U _C
A. If amending name, enter the new name of	the limited liab	pility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	ility Company," the designation	"LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	2110 S SERENITY DR	
(Principal office address MUST BE A STREE'		WATERTOWN, SD 5726	10
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>		
B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent:	fice address her		cords, enter the name of the no
Name of New Registered Agent.			
New Registered Office Address:	10191 SIX MIII	e Cypress Parkway, Suite C Enter Florida street c	uddress
	Fort Myers		, Florida ³³⁹⁶⁶
		City	

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Add
			Remove
			Change
			☐ Remove
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(If an eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Jerald C. Caultield
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00