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COVER LETTER

TO: Registration Sc Division of Cor			
epulpat.	J&J S6	CHNEIDER, LLC	
SUBJECT:	Name of Lim	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nutted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		ARMANDO NODA	
		Name of Person	
	Α	RM CONSULTING & CO INC	
		Firm Company	
		3475 SHERIDAN ST STE 215F	
		Address	
		HOLLYWOOD, FL 33021	
	· · · · · · · · · · · · · · · · · · ·	Cuy State and Zip Code	
		ONSULTING@ YMAIL.COM	
		to be used for future annual report notific	ration)
For further information c	oncerning this matter, please c	all:	
ARMANDO NODA		786 286-53-44	
Name c	d Person		Telephone Number
Enclosed is a check for t	he 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 radditional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	CR ADDRESS:

Registration Section Division of Corporations P O, Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	J&J SCHNEIDER, LLC		
(Name of the Limited Liab) (A Florid	lity Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Torida document number 1.15000098446	Company were filed on	06-04/2015	and assigned
his amendment is submitted to amend the following:			
a. If amending name, <u>enter the new name of the lin</u>	nited liability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Li	muted Liability Company," the des	agnation "LLC" or the ab	breviation "L.L.C."
inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	(RESS)		
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or reg		our records, <u>enter</u>	the name of the
egistered agent and/or the new registered office ad	<u>dress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floria	la street address	
		, Florida	
	Сиу		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>	Type of Action
MGR	JACKSON SCHNEIDER	3250 NE 188TH STREET	□ Add
		UNIT 806	■ Remove
		AVENTURA, FL 33180	C Change
MGR	JOAN SCHNEIDER	3250 NE 188TH STREET	D Add
		UNIT 806	≅ Remove
-	-1 - 10000000	AVENTURA, FL 33180	
MGR =	emertments LT	$\overline{\mathcal{D}}$ 3250 NE ISSTH STREET	
		UNIT 806	
		AVENTURA, FL 33180	□ Change
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Effective d Fan effective	ate, if other than the date date is listed, the date must be	e of filing:specific and cannot be price	or to date of filing or m	option (option ore than 90 days after fi	ral) Img.) Pursuant to 605,02
<u>Note:</u> If the document's	e date inserted in this block effective date on the Depar	does not meet the appl tment of State's record	icable statutory tilinį s.	g requirements, this c	late will not be listed :
	specifies a delayed ef h day after the record		ot an effective t	ime, at 12:01 a.i	m. on the earlier
	JUNE 21ST	2017			
Dated		·			
_		hature of a mimber or aut	on Sch	neiden	
	Sig	tature of a member or aut	horized representative	of a member	` -
-			MGR		
		Typed or prit	ited name of signee		1 29 H
		D.s.	m 3 of 3		
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Filing Fee: \$25.00