

L17000/46205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

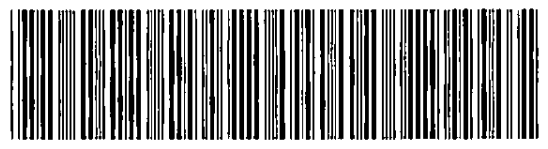
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRET

JUL 31 2017

YONKER



July 25, 2017

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: SJN Capital LLC Amendment

Dear Sir or Madam:

Please find the enclosed SJN Capital LLC Amendment. Please feel free to call our office with any additional questions or concerns that you may have.

Very Truly Yours.

Timothy H. Olenn, Esq.

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SJN CAPITAL 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:

Timothy Olenn, Esq

Name of Person

The Law Office of Timothy H. Olenn, PA

Firm/Company

1900 Glades Rd, Suite 45

Address

Boca Raton, Florida 33431

City/State and Zip Code

tim@timolenn.com

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

For further information concerning this matter, please call:

Tim Olenn

at (561) 912-0922

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SJN CAPITAL

(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 07/07/2017 and assigned Florida document number L17000146205.

This amendment is submitted to amend the following:

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

No name change

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>
MGR	Ronald Sliney	17861 Middlebrook Way	<input type="checkbox"/> Add
		Boca Raton, FL 33496	<input type="checkbox"/> Remove
		This is a change of title	<input checked="" type="checkbox"/> Change
AMBR	Ronald Sliney	17861 Middlebrook Way	<input type="checkbox"/> Add
		Boca Raton, FL 33496	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Erica Natale	17861 Middlebrook Way	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33496	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 COMMUNICATIONS SECTION

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

Multiple horizontal lines for amending information.

17 JUL 26 AM 11:49
ALL AMENDED RECORDS
FLORIDA
FD

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 July 25th 2017

Signature of a member or authorized representative of a member

Timothy Olenn, Esq.

Typed or printed name of signee