

LI80000 10237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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S. YOUNG

MAR 15 2019
S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 MAR -5 PM 6:28

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CITYSPADE MANAGEMENT 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:

JIA SONG

Name of Person
CITYSPADE MANAGEMENT LLC

Firm/Company
3627 NW 15 ST

Address
MIAMI, FL 33125

City/State and Zip Code
jiasong.cpa@gmail.com

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

For further information concerning this matter, please call:

JIA SONG at (786) 8601826
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**

CITYSPADE MANAGEMENT LLC

(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 01/11/2018 and assigned Florida document number L18000010237.

This amendment is submitted to amend the following:

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

SJ2 PROPERTY MANAGEMENT LLC

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:

3627 NW 15TH ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33125

Enter new mailing address, if applicable:

3627 NW 15TH ST

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33125

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19 MAR -5 PM 6:28
CLERK OF CIRCUIT COURT
ALACHUA COUNTY, FLORIDA

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: _____

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	ZIJUNWANG <i>wang, zijun</i>	3150 SW 38TH AVE, SUITE 1302 MIAMI, FL 33146	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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