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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020

Phone Fax Number : (813)435-3176 : (813)333-6358

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: SPRADLINLAW@ GHail

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## EMERALD COAST LABS, LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EMERALU COAST LABS, LLC	
(Name of the Limited Liability Comme (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L21000362791	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
SJF solutions, LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	66 West Flagler Street
(Principal office address MUST BE A STREET ADDRESS)	
	Miami, Florida 33130
Enter new mailing address, if applicable:	66 West Flagler Street
(Mailing address MAY BE A POST OFFICE BOX)	
	Miami, Florida 33130
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zin 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

-K

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>	Name	Address	Type of Action
MGR	NICKOLAS SPRADLIN	18801 N. DALE MABRY HWY	
		STE 119	■Remove
		LUTZ, FL 33548	
AMBR	SCOTT FITTS	66 West Flagler Street	≅Add
		Mismi, Florida 33130	□ Change
		CRemove	
		Change	
			□.Add
		□Remove	
			Change
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e record specifies a delayed effect d is filed.	ive date, but not an eff	ective time, at 12:0	la.m. on the earlier o	of: (b) The 90th day after	er the
Oated	202	23			

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