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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 : 120070000020 : (813)435-3176 Phone

: (813)333-6358 Fax Number

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

Email Address:_

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SJF SOLUTIONS, LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number		and ass	igned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
	U. O " the designation "I I C" or the abb	T" revision "I	10"	
The new name must be distinguishable and contain the words "Limited Liabi		ACVIECON E.	.0,0,	
Enter new principal offices address, if applicable:	66 W FLAGLER ST			
(Principal office address MUST BE A STREET ADDRESS)	FLOOR 9 SUITE 9188			
	MIAMI, FL 33130			
Enter new mailing address, if applicable:	66 W FLAGLER ST			
(Mailing address MAY BE A POST OFFICE BOX)	FLOOR 9 SUTTE 9188			
Transfer many page 200	MIAMI, FL 33130			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the ne	w reg 2023 - 1	isterec
Name of New Registered Agent:			-	
New Registered Office Address:	Enter Florida street address		-2 PH	<u>-</u>
	, Florida			
	City	Ztp Code	у: О	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	•	t.	

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
AMBR	SCOTT FITTS	66 W FLAGLER ST	_______\Add
		FLOOR 9 SUITE 9188	□Remove
		MIAMI, FL 33130	■Change
			DAdd
			□Remove
			□ Change
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ective date, if other than effective date is listed, the date is listed in this ament's effective date on the	s block does not meet ti	ne applicable statuti	ing or more than 90 day ory filing requiremen	(optional) safter filing.) Pursuant to 6 ts, this date will not be l	605.0207 (3)(b) isted as the
ord specifies a delayed effe filed.	ctive date, but not an ef	fective time, at 12:0	l a.m. on the carlier	of: (b) The 90th day at	ter the
06/02	202	23			
	7	*			