## 11000044447

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/i	Phone #)			
PICK-UP WAI	T MAIL			
(Business Entit	y Name)			
(Document Nur	nber)			
Certified Copies Certifi	icates of Status			
Special Instructions to Filing Officer:				



800212270068

09/19/11--01013--018 \*\*25.00

FILED

11 SEP 19 PM 2: 34

SECRETARY OF STATE
TANN ANASSEE, FLORIDA

Office Use Only

## **COVER LETTER**

TO: Registration S Division of Co	Section orporations					
SUBJECT:	SJR CON	MERCIAL LLC				
	Name of Limit	ted Liability Company	<del></del>			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	ERIKA RODRIGUEZ					
Name of Person						
TAX, ACCOUNTING & FINANCIAL EXPERTS						
Firm/Company						
	20900 N	IE 30TH AVENUE STE 824				
	Address					
	AVENTURA , FL 33180					
	City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
		-	uion)			
For further information	concerning this matter, please concerning the concerning this matter, please concerning this matter, please concerning the co	all:				
ERIK	(A RODRIGUEZ	at ( 305 ) 4	38-7671			
Name	Name of Person Area Code & Daytime Telephone Number		Celephone 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

FILED

11 SEP 19 PM 2: 34

SECRETARY OF STATES
TALLAHASSES

Zip Code

SJR COMME	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL11000044447	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	ility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	900 NW 22ND STREET
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33127
Enter new mailing address, if applicable:	900 NW 22ND STREET
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33127
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	
	Enter Florida street address
	, Florida

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SRJ HOLDING COMPANY LLC	21055 YACHT CLUB DRIVE APT 3003 AVENTURA, FL 33180	Add Remove
<u>MGRM</u>	CLAUDIA BARBA	900 NW 22ND STREET MIAMI, FL 33127	✓ Add ☐ Remove
MGRM	SJR COMMERCIAL  MANAGEMENT INC.	900 NW 22ND STREET MIAMI, FL 33127	_☑ Add _□ Remove
			Add Remove
			Add Remove
<del></del>	·		Add Remove
D. If amend	ing any other information, enter change(s	here: (Attach additional sheets, if necessar)	FILED.
		OR DA	2: 34
Dated	SEPTEMBER 12 , 2011	<u>!</u> .	
	3		
		authorized representative of a member	
	Typed or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00