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COVER LETTER

TO:	Registration Se Division of Cor			77
CHDIE	SJFGG6, L			
SUBJE	:СТ:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please 1	return all correspo	ndence concerning this matter	to the following:	
		Michael M. Bajalia, Esq.		
		4	Name of Person	
		Bajalia Law Office, P.A.		
			Finn/Company	
		11512 Lake Mead Ave, Su	ite 301	
			Address	
		Jacksonville, FL 32256		
			City/State and Zip Code	
		mbajalia@bajalialawoffice. E-mail address: (1	com to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	·	
Michae	el M. Bajalia, Esq.		904 352-1121 at()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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

SJFGG6, LLC			
(Name of the Limite	d Liability Company as it now A Florida Limited Liability Com	appears on our records.) npany)	
The Articles of Organization for this Limited Lia Florida document number L06000120549	ability Company were filed	on 02/06/2007 and assigned	
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability comp	any here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able: // <u>5/2</u>	lake Mead Ave. #1	102
(Principal office address MUST BE A STREET	TADDRESS) JUCK	sonville, H 37750	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E B. If amending the registered agent and/or registered agent and/or the new registered off	or registered office addre	Lake Mead Ave. #1 Sanv. Ne, A 32250 ess on our records, enter the name of the	
Name of New Registered Agent:	Bajalia Law Office, P.A.		
New Registered Office Address:	11512 Lake Mead Ave., St	uite 301	
	Er	nter Florida street address	
	Jacksonville	, Florida 32256 Zip Code	_
New Registered Agent's Signature, if changing R	City egistered Agent:	ZIP Coae	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified.	I agent and agree to act in er and complete performa tered agent as provided fo egistered office address. I change.	nce of my duties, and I am familiar with and or in Chapter 605, F.S. Or, if the document I hereby confirm that the limited habited \$50.000.	,

Page 1 of 3

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

<u> Citle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
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			Remove
			IT AFT.
			ASSI Remove

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<u>ote:</u>	ive date, if other than the date of filing:	207 (l as ti
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ote: ocun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records. Cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier south day after the record is filed. Application, 2017. Application, 2017.	l as ti