L10000103892

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SECRETARY OF SHATE BIVISION OF CORPORATION

C. LEWIS
DEC 1 3 2012
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SURTECT: SJB (1401 Indian River Drive), 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:

Kristin M. Litts, JD, LLM

Name of Person

Wealth Management Consultants

Firm/Company

304 Swallowtail Lane

Address

Sebastian, FL 32958

City/State and Zip Code

wmcadmin@wmcllc.net

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

For further information concerning this matter, please call:

Kristin M. Litts, JD, LLM

Name of Person

772 766-9671

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

EILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2812 DEC 12 PM 2: 26

SJB (1401 Indian River Drive) LLC	
(Name of the Limited Liability Company as it now appears on our records.)	_
(A Florida Limited Lightlity Company)	

The Articles of Organization for this Limited Lia Florida document number <u>L10000103892</u>	bility Company v 	vere filed on 10/05/20	10 and assigned	d
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited habil	ity company here:		
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," the o	lesignation "LLC" or the abbre	viation
Enter new principal offices address, if applical	ble:	-		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi			rds, <u>enter the name of the</u>	<u>e new</u>
Name of New Registered Agent:	Kristin M. L	itts, JD, LLM, LLC		
New Registered Office Address:	304 Swallo	· · · · · · · · · · · · · · · · · · ·		
		Enter Florid	da street address	
	Sebastian		, Florida <u>32958</u>	
		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 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.

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>	Name	Address	Type of Action
MGRM	Birch, Scott	129 Empire Terrace	Add
		Sebastian, FL 32958	Remove
MGRM	Birch, Csilla	129 Empire Terrace	🖊 Add
		Sebastian, FL 32958	Remove
			Remove
			Add
			Remove
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) SECRETAR OIVISION OF	LEO LY OF CORP	51. OR/	ATE NTION
2012 DEC 1	_ 2 P _	M ?	2: 2€
November 2 2012			
Signature of a member or authorized representative of a member Scott Birch, MGRM	<u> </u>		
Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00