L11000047349

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT.	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		^
		H

Office Use Only

B. KOHR

SEP - 5 2012

EXAMINER



900239141709

09/04/12--01047--010 **25.00

12 SEP -4 PM 3: 50

TO: Registration S Division of Co			
SUBJECT:	LS	SJM LLC	
		ted Liability Company	, <u></u>
	Amendment and fee(s) are sub ondence concerning this matter	-	TE SEP -4 PH 3: 50
		George W Harper	
`		Name of Person	
			o f
Har		er Business Services Inc	<u> </u>
		1 mis Company	
		PO Box 4911	
Address		Address	
	Ke	y West FL 33041-4911	
		City/State and Zip Code	
	g	harper@sprynet.com	
	E-mail address: (to be used for future annual report n	otification)
For further information	concerning this matter, please of	call:	
Geo	orge W Harper	at (305)	295-7338
Name	of Person		time Telephone Number
Enclosed is a check for \$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	Certified Copy (additional copy is enclo	
Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Se Division of Col Clifton Buildin 2661 Executive Tallahassee, FL	porations g : Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LSJM	LLC		383
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	OR TAILOUS
The Articles of Organization for this Limited Liability Company	were filed on	8/23/2011	and assigned
Florida document numberL11000097349			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	c/o Harper B	usiness Services I	nc
(Principal office address MUST BE A STREET ADDRESS)	323 Fleming St		
	Key West FL	_ 33040	
Enter new mailing address, if applicable:	c/o Harper B	usiness Services Ir	nc
(Mailing address MAY BE A POST OFFICE BOX)	PO Box 491	1	
	Key West FL	33041-4911	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street addr	000
	E.I	ner Fromuu street uuur	E33
	City	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	<u>Name</u>	Address	Type of Action
		<u> </u>	Add _ Remove
			_
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)	_
_			
 Dated	August 31	2012	

Page 2 of 2

Filing Fee: \$25.00