

L11000143651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

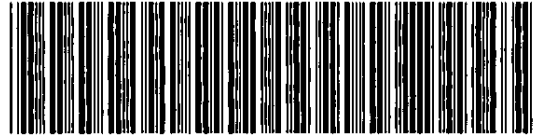
(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/14--01025--017 **25.00

FILED
2014 MAY 27 PM 4: 04
TOLSON/ASST. DIR. FOR

May 22, 2014

Florida Division of Corporations

PO Box 6327

Tallahassee, Florida 32314

RE: Florida LLC – Name Change

Dear Sirs,

I am enclosing paperwork and a filing fee in order to change the name of SJDJ, LLC to Benjamin S. Moss, LLC. Should you need to reach me or have any questions, please contact me at 305-793-4783. Thank you for your assistance on this matter.

Sincerely,



Ben Moss

FILED
2014 MAY 27 PM 4:04
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SJDJ, 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:

Ben Moss

Name of Person

SJDJ, LLC

Firm/Company

7650 SW 59 Court

Address

South Miami, FL 33143

City/State and Zip Code

ben@benmossgroup.com

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

FILED
2014 MAY 27 PM 4:04
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

For further information concerning this matter, please call:

Ben Moss

Name of Person

at **(305) 793-4783**

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**

SJDJ, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 23, 2011 and assigned Florida document number L11000143651.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Benjamin S. Moss, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7650 SW 59 Court

(Principal office address MUST BE A STREET ADDRESS)

South Miami, Florida 33143

Enter new mailing address, if applicable:

7650 SW 59 Court

(Mailing address MAY BE A POST OFFICE BOX)

South Miami, Florida 33143

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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

MGR = Manager
AMBR = Authorized Member

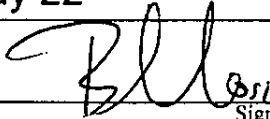
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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FILE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 22, 2014



Signature of a member or authorized representative of a member

Benjamin S. Moss

Typed or printed name of signee

FILED
2014 MAY 27 PM 4:04
FLORIDA DEPARTMENT OF STATE