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COVER LETTER

	gistration Sec vision of Corp					
SUBJECT:	SJCHIL, LL	C				
		Name of Lim	ited Liability Company			
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspon	dence concerning this matter	to the following:			
		Julie Schilbrack	No. of Days			
			Name of Person			
		SJCHIL, LLC				
			Firm/Company			
		1849 Blue Heron Lane				
			Address			
		Jacksonville Beach				
			City/State and Zip Code			
		julie@Luteninsurance.com E-mail address: (to be used for future annual report notif	ication)	. ~2	
For further	information co	ncerning this matter, please c	all:	 .**	2022 FEB	:]
Julie Schill	orack		at (904) 662-6805			
	Name of	Person		Telephone Number [P. 1	-
Enclosed is	a check for the	following amount:			2: 42	.کائی بیا
☐ \$25.00	Filing Fee	■ \$30.00 Filing Fcc & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate o Certified Coj (additional copy	; Fee. f Status & py	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SJCHIL, 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 11/13/2012 Florida document number L12000143435 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The J 2 Luten's, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: No change (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: No change (Mailing address MAY BE A POST OFFICE BOX) 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

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.

Cin

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	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			Change
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			□Remove

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