## Florida Department of State Division of Corporations Hectronic Filing Cover Sheet

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Division of Corporations

Fax Number

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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CRETARY OF STALL

LAMASSEE FLORE

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S & J DOLLAR LLC

| Certificate of Status | 0       |
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J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

06/10/2033 05:46 07/29/2015 05:01

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## H15000185013

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| S & J DOL  | lar LLC   | 1            |
|--|---|--------------|
| (Name of the Limited Liability Com<br>(A Plorida Limite  | npany as it now appears on our records.) ed Lubility Company)     |              |
| The Articles of Organization for this Limited Liability Comparition of the Liability Comparities of the | ny were filed on JUNE 12, 2013 and assigned                       |              |
| This amendment is submitted to amend the following:  |   |              |
| A. If amending name, enter the new name of the limited lin   | ability company here:   |              |
| The new name must be distinguishable and contain the words "Limited Lie  | ability Company," the designation "LLC" or the abbreviation "LLC" | +            |
| Enter new principal offices address, if applicable;  |   |              |
| (Principal office address MUST BE A STREET ADDRESS)  | <u> </u>  | <del>-</del> |
|  | (%) 30  | #            |
| ·  | (P)   | 拉            |
| Enter new mailing address, if applicable:  |   | Ψ            |
|  | >> ₹  | ┪            |
| (Mailing address MAY BE A POST OFFICE BOX)   | <del> </del>  | +            |
|  |   | 十            |
| B. If amending the registered agent and/or registered  | office address on our records, enter the name of the              | e new        |
| registered agent and/or the new registered office address h  | êre:  |              |
|  | ·   |              |
| Name of New Registered Agent:  |   | _            |
| New Registered Office Address:   |   |              |
| New Neglitered Office Address.   | Enter Florida streys address                                      | 十            |
|  | . Florida   |              |
| <del></del>  | Cuy Zip Code  |              |
|  |   | - 1          |

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

Page 1 of 3

Change

07/29/2015 05:01

MGR = Manager

AMBR = Authorized Member

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H15000185013

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title Name <u>Address</u> Type of Action MGR ARLINGTON J. BENÇOSME 18451 N.W. 37TH AVENUE, **■** Add MIAMI, FLORIDA, 33056 ☐ Remove \_□ Change □ Remove ☐ Change □ Add 🗅 Кетюче \_ Change □ Add 🖸 Change \_**□** ∧**d**d D Removeo SE Change □ Add □ Remove

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PAGE #4

| H 1 5 0 0 0 1 8 5 0 1 3  D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)   |  |                               |
|---|--|-------------------------------|
| D. II amending any other information, enter change(s) here: (Anoth diamonot sheets, if necess)  |  |                               |
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| E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after illing Note; If the date inserted in this block does not meet to, applicable statutory filing requirements, this date document's effective date on the Department of State's records. | ng.) Pursuant to                       | o 605.0207<br>2 listed as the |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.n (b) The 90th day after the record is filed.   | n, on the e                            | arlier of                     |
| Dated   |  | į                             |
| Gais Info   | <u> </u>                               | _ੜ                            |
| Signature of a member or authorized representative of a member  JUNIOR SALCE DURAN  |  |                               |
| Typed or printed name of signee   | 55.2%<br>151.5%                        | 30 .                          |
| Page 3 of 3   |  | <b>₹</b> 0                    |
| Filing Fee: \$25.00   | NOA<br>NOA                             | 39                            |