U14000003864

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAI	L		
(Business Entity Name)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

SJS Marketing Advisers, 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:

Stanley J. Schwartz

Name of Person

SJS Marketing Advisors, LLC

Firm/Company

445 Grand Bay Drive, Suite 1003

Address

Key Biscayne, FL 33149

City/State and Zip Code

stanleyj.schwartz@gmail.com

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

For further information concerning this matter, please call:

Stanley J. Schwartz

_{.,,}305、365-1115

Name of Person

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)

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

(Name of the Limited Liability Compa	ony as it now annears on our records	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000003864</u>	were filed on January 8, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
SJS Marketing Advisors, LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	445 Grand Bay Drive	
(Principal office address MUST BE A STREET ADDRESS)	Suite 1003	***
	Key Biscayne, FL 33149	
Enter new mailing address, if applicable:	445 Grand Bay Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Suite 1003	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Key Biscayne, FL 33149	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		高風 :
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	nddress
**************************************	, 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.

D. If amending any other informati	on, enter change(s) here: (Attach additional sheet	's, if necessary.)
lanuan/ Q	late of filing:	(optional) fter filing.) (605.0207 (3)(b)
Saled	Fully 1 5 ch certs lature of a member or authorized representative of a me	mber
	Typed or printed name of signee	
	Filing Fee: \$25.00	2014 JAN 14 SECRETARY FALL AND SSS
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