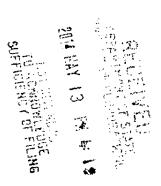
L14000071071

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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ON SERVICE COMPANY'					
ACCOUNT NO. : 12000000195					
REFERENCE : 115342 7993856					
AUTHORIZATION: Spulsele man					
COST LIMIT : \$25.00					
ORDER DATE : May 1, 2014					
ORDER TIME : 2:11 PM					
ORDER NO. : 115342-010					
CUSTOMER NO: 7993856					
DOMESTIC AMENDMENT FILING NAME: SJS BUSINESS VENTURES LLC EFFECTIVE DATE:					
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Emily Gray EXT# 62925 EXAMINER'S INITIALS:					

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

SJS BUSINESS VENTURES LLC

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

(A Clotta Limited	caseing company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000071071</u>	were filed on 05-01-2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Lim" 'L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	4715 SW 91ST DRIVE, STE 205	
(Principal office address MUST BE A STREET ADDRESS)	GAINESVILLE, FL 32608	
Enter new mailing address, if applicable:	4715 SW 91ST DRIVE, STE 205	
(Mailing address MAY BE A POST OFFICE BOX)	GAINESVILLE, FL 32608	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		er the name of the new
New Registered Office Address:	Enter Florida street o	ddress
	, 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 = A	AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
AMBR	STEVEN SUMMER	4715 SW 91ST DRIVE	Add		
		GAINESVILLE, FL 32608	Remove		
AMBR	STEVEN J SOMMER	4715 SW 91ST DRIVE STE 205	✓Add		
		GAINESVILLE, FL 32608	Remove		
AMBR	LISA POMERANTZ	4715 SW 91ST DRIVE	Add		
		GAINESVILLE, FL 32608	Remove		
AMBR	LISA POMERANTZ	2309 ASPEN ST	Add		
		PHILADELPHIA, PA 19130	Remove		
			ZE CRE		
			Remove 24		

D. If:	amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
		1
		*
E. Eff (Ifan e	ective date, if other than effective date is listed, the	the date of filing: (optional) date must be specific and cannot be more than 90 days after filing.) (605,0207 (3)(b)
Dated	May 12	. 2014
	7	
		Signature of princhiber of authorized representative of a member
		STEVEN J. SOMMER, MEMBER
		Typed or printed name of signee
		Page 3 of 3

rage 5 of 5

Filing Fee: \$25.00

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