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SECRETARY OF STATE
TALL THASSEE FLORIDA

DEC 2 1 2015 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
SNJ PF	ROPERTY INNOVATOR	S, LLC.	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	SUSAN E. RODRIG	BUEZ	
		Name of Person	
	SNJ PROPERTY IN	INOVATORS LLC	
		Firm/Company	, <u>"</u>
	10040 SW 80 TERF	RACE	SECON D
		Address	
	MIAMI, FL. 33173		FILED PR 5: 07 LLANASSEE, FLORIDA (cation)
		City/State and Zip Code	TS P
	realtysun@bellsouth		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
SUSAN E. RODF	RIGUEZ	305 807 5405	
Name	of Person		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)
*			(additional dept to dividual)
	LING ADDRESS: stration Section	STREET/COURII Registration Section	
Divis	sion of Corporations Box 6327	Division of Corpora Clifton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNJ PROPERTY INNOVA				
(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on ed Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number <u>L15000030489</u>	Liability Compa	ny were filed on FEB	10, 2015 and	d assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name (of the limited li	ability company here:		
N/A				
The new name must be distinguishable and end with the	e words "Limited I	Liability Company," the desi	gnation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		,
(Principal office address MUST BE A STRE	ET ADDRESS)			
		 		
			TAL SE(i .
Enter new mailing address, if applicable:		N/A	三岩三	· ··········· ·
(Mailing address MAY BE A POST OFFICE	E BOX)	· · · · · · · · · · · · · · · · · · ·		· =
			in-	<u> </u>
			T.S.	
B. If amending the registered agent and registered agent and/or the new registered of	•		west acti	sine of the new
			•	
Name of New Registered Agent:	N/A		a harana a sa	
New Registered Office Address:	N/A			
		Enter Florida :	street address	
	···		, Florida	······································
		City	Zip (ode

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Title** Address **Type of Action** Name **AMBR JESUS RODRIGUEZ** 17384 NW 76 COURT ■ Add MIAMI, FL. 33015-6166 ☐ Remove **AMBR CAROLYN MARTINEZ** 12355 SW 90 STREET ☐ Add MIAMI, FL. 33176 ■ Remove ☐ Add □ Remove □ Add _□ Remove ☐ Add ☐ Remove

D.	If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necess					
		,					
							
E.	(The effecti	ective date, if other than the date of filing: ective date must be specific, cannot be prior to date of receipt or filed date and cannot be this document is filed by the Florida Department of State)	(optional) be more than 90 days after				
	Dated	Nov 17 . W					
		Signature of a member or authorized representative of a member					
		SUSAN E. RODRIGUEZ					
		Typed or printed name of signee					

Page 3 of 3

Filing Fee: \$25.00

amending any other information, e	enter change(s) here: (Attach additional sheets, if necessary.
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effective date, if other than the date of effective date must be specific, cannot be pr	rior to date of receipt or filed date and cannot be more than 90 days after
e date this document is filed by the Florida De	repartment of State)
ted //0V / (, 201S_A. 1
G: S	- MAXI
Signate	are d a member or authorized representative of a member
JESUS RODRIGUEZ	•

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