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COVER LETTER

то:	Registration Se Division of Cor			
OF ID T	D.C.M.	A & J Property Buyers,	LLC	
SUBJ	ЕСТ:	Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Aracelis Froh		
			Name of Person	
		A & J Property Buyers, LI	.c	
			Firm/Company	
		3900 Lombardy Street		
			Address	
		Hollywood, FL 33021		
			City/State and Zip Code	
		arafroh@comcast.net		
		E-mail address: (to be used for future annual report notif	ication)
For fu	ther information co	oncerning this matter, please co	all:	
Aracel	is Froh		954 397-8500 at ()	
	Name o	f Person	Arca Code Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 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)

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & J Property Buyers, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our re- iability Company)	<u>cords.</u>)
The Articles of Organization for this Limited Liability Company were filed on December 15, 2015		and assigned
Florida document number L15000208050		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
J & A Business Strategies, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		TAS 201
		50 z T
		227
Enter new mailing address, if applicable:		SEN N
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		95 · ·
	- · · · · · · · · · · · · · · · · · · ·	Dm F
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			□ Remove			
		***************************************	Change			
						
			□ Remove			
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n effecti te: If t cument recor	the date inserted in this 's effective date on the 'd specifies a delay oth day after the r	yed effective record is filed Signature of a	date, but r l. , <u>2017</u>	not an effectiv		e.	on TALLAHASSE	2017	

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