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SECULIARY OF STATE

S. HRRIS



Libertine Property Management 111 E Monument Ave, Unit 510 Kissimmee Florida 34741

14th September 2016

Dear Sirs,

Please find attached a completed articles of amendment document, along with a check for the required filing fee of \$25.

If there are any queries I can be contacted at any time on 407 989 6893.

Yours sincerely

Simon Harrison

Libertine Property Management

COVER LETTER

TO: Registration Sec Division of Corp				
	RPRISES USA, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	SIMON HARRISON			
	•	Name of Person		
	SJH ENTERPRISES USA,	LLC		
Firm/Company				
	111 E MONUMENT AVE	UNIT 510		
		Address		
	KISSIMMEE, FLORIDA	34741		
		City/State and Zip Code		
	julia@libertinepropertyman			
	E-mail address: (t	o be used for future annual report notific	cation)	
For further information co	ncerning this matter, please ca	ll:		
SIMON HARRISON		at () 989 6893 Area Code Daytime		
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	e 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)	

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

SJH ENTERPRISES USA, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our rec a Limited Liability Company)	ords.
The Articles of Organization for this Limited Liability C	Company were filed on 03/21/2016	and assigned
Florida document number L16000057556	_ ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "l	
Enter new principal offices address, if applicable:	44	16 SE
(Principal office address MUST BE A STREET ADDR	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		EFFICE OF SI
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ords, enter the name of the no
registered agent and/or the new registered ornce add	i ess nei e.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
	Citv	, Florida
	Ç.,,	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SUSAN BARNES	4108 FOXTAIL CT	_ A dd
		KISSIMMEE, FL 34746	☐ Remove
		·	☐ Change
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
<u></u>			Add SE Remove
			FFLOR Add
			□ Remove
			Change
			
			☐ Remove
			□ Change

amending any ot	her information, o	enter change(s)	here: (Attaci	h additional sh	eets, if nece	ssary.)	
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an effective date is list ote: If the date inse	her than the date ed, the date must be sp crted in this block do date on the Departm	ecific and cannot be ses not meet the a	prior to date of f pplicable statut	iling or more than ory filing requi	(option 90 days after rements, this	filing.) Pursuant to 6	605,020 isted a:
	s a delayed effe fter the record is		it not an effe	ective time,	at 12:01 a	.m. on the ear	lier c
SEPTEMBER	. 14	2016	·			SEP I	يو . ^و لد ا ا ا ا
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CIMONI	•	ture of a member or	r authorized repre	esentative of a me	ember	HIII: C	
SIMUN F	IARRISON		printed name of				

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Filing Fee: \$25.00