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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	SLS JS 220.			
2020			ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		CARMEN MATILDE HE	RNANDEZ	
			Name of Person	
TOTALCORP BUSINESS CONSULTANTS CORP				
Firm/Company 1825 MAIN ST				
		WESTON FL 33326		
City/State and Zip Code				
cmatilde@totalcorpconsultants.com				
		E-mail address; (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please co	all:	
Carmen Matilde Hernandez Name of Person		954 624-2554 at ()		
		Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	e following amount:		
\$25	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SLS JS 2202 LLC						
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited Liability Company were filed on 10/13/2016 Florida document number L16000189861			and assigned			
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited lial	bility company here:				
	JS 2202 LLC					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designatio	n "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:	N/A	<u> </u>			
(Principal office address MUST BE A STRE	ET ADDRESS)		3 1			
Enter new mailing address, if applicable:		N/A	77 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter the name of the ne			
Name of New Registered Agent:	N/A					
New Registered Office Address:						
		Enter Florida street address				
			, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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	Department of State's rec	cords.			
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