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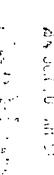
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COVER LETTER

SJM SUBJECT:	I INDUSTRIAL, LLC		
3063EC1.	Name of L	imited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.	•
Please return all corre	spondence concerning this matte	er to the following:	
	Darryl J. Tompkins		
	Daryl J. Tompkins, P.A.	Name of Person	
	Post Office Box 519	Firm/Company	
	Alachua, FL 32616	Address	
	djtompkins@aol.com	City/State and Zip Code	
	E-mail address:	(to be used for future annual report noti-	fication)
For further information	concerning this matter, please of	call:	
Darryl J. Tompkins		352 418-1000	
Name	of Person		Telephone Number
Inclosed is a check for	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fec & 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

TO:

Registration Section Division of Corporations

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**

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

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL17000080081	y were filed on April 7, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "I.I.C" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	SSM Industrial	
(Principal office address MUST BE A STREET ADDRESS)	2179 N.E. 46th Cir	
	SSM INDUSTRIAL 2179 N.E. 46th Citt HIGH SPRINGS, FL 3.	2643
Enter new mailing address, if applicable:	SAME AS ABove	
Mailing address MAY BE A POST OFFICE BOX)		B-1
3. If amending the registered agent and/or registered offeeted egistered agent and/or the new registered office address here	fice address on our records, <u>enter</u> :	the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florido street address	······································
		Zip Code
	Cny	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

SJM INDUSTRIAL, LLC

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

Title MGR	Name Michael Ernest McLemore	Address 19023 NW 151st Avenue Alachue, FL 32615	2179 N.F. 4645 HICH Siring S.L	Type of Action C:A 32643 ■ Add
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Filing Fee: \$25.00