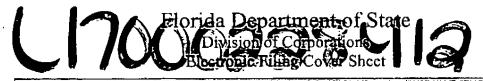
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Division of Corporations



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	Fax Number	: (850)617-6383		<u></u>
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From:				<u> </u>
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	Account Number	: 120060000142	* 1*	ಟ್ಟ
	Phone	: (904)301-1269	(1	2.7
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SSL SJ MANAGMENT LLC

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H17000319463 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SL SJ Management LLC		
(Name of the Limite	d Liability Company as it now appears on our A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lia	ability Company were filed on November	3, 2017 and assigned
Florida document number L17000228412		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
		٠.
B. If amending the registered agent and/o		ecords, enter the name of the ne
registered agent and/or the new registered off	ce address nere:	رخ ن
Name of New Registered Agent:		<u>(n</u>
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip Coda
New Registered Agent's Signature, if changing Re	egistered Agent;	
I hereby accept the appointment as registered		

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

H17000319463 3

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>	Address	Type of Action
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		Jacksonville, Flörida 32246	□ Remove
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ffective date, if other than the an effective date is listed, the date must	date of filing: it be specific and cannot be pr	ior to date of filing or mo	(options ore than 90 days after fili	11) ng.) Pursuant to 605.02
Note: If the date inserted in this blocument's effective date on the D	ock does not meet the app	licable statutory filing	; requirements, this da	ite will not be listed i
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Paul	William land	•		<b>7</b>
Paul	William Signature of a member or au	thorized representative	of a member	

Page 3 of 3

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