

**L170002952013ABC**

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LJSCX LLC**

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
LJSCX LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 11/06/2017 and assigned Florida document number .

Florida document number: L17000228517.

**Article I**

**A. If amending name, enter the new name of the limited liability company here:**

\_\_\_\_\_

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Article II**

Enter new principal offices address, if applicable:  
(Principal office address **MUST BE A STREET ADDRESS**)

\_\_\_\_\_

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_

**Article IV**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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

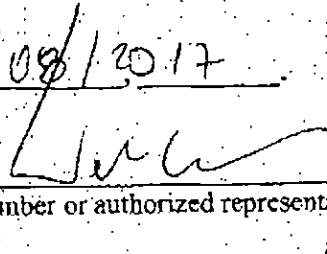
MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	CASTRO, LENARDO	8419 VIA BELLA NOTTE	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32836	ADD <input checked="" type="checkbox"/>
Title	Name	Address	Type of Action
AMBR	CASTRO, LENARDO GERDING	8419 VIA BELLA NOTTE	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32836	ADD <input checked="" type="checkbox"/>
Title	Name	Address	Type of Action
MGR	CASTRO, LENARDO	8419 VIA BELLA NOTTE	REMOVE <input checked="" type="checkbox"/>
		ORLANDO, FL 32836	ADD <input type="checkbox"/>

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

E. Effective date, if other than the date of filing: (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: 11/08/2017

  
Signature of a member or authorized representative of a member

LENARDO CASTRO

Typed or printed name of signee

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