118000138326

| MAIL |
|-------|
| |
| |
| tatus |
| |
| |
| |
| |
| |

Office Use Only



600314892346

05/25/16--01010--015 **25.01

ON STORY OF CORPORATION

N COOPER JUN 2 6 2018

COVER LETTER

| endment and fee(s) are subnee concerning this matter Ste | ited Liability Company mitted for filing. | | | | | |
|---|--|---|--|--|--|--|
| Name of Limender and fee(s) are subsequent and fee(s) are subsequence concerning this matter Ste | mitted for filing. to the following: phanie M. Chambers, Esq. Name of Person hambers Law Firm, PA Firm/Company | | | | | |
| nce concerning this matter Ste | phanie M. Chambers, Esq. Name of Person hambers Law Firm, PA Firm/Company | | | | | |
| Ste | phanie M. Chambers, Esq. Name of Person hambers Law Firm, PA Firm/Company | | | | | |
| C | Name of Person hambers Law Firm, PA Firm/Company | | | | | |
| | hambers Law Firm, PA Firm/Company | | | | | |
| | Firm/Company | | | | | |
| 7281 | | | | | | |
| 7281 | Supplies Grove Boad #107 | | | | | |
| | Sullsillie Glove Road # 101 | | | | | |
| | Address | | | | | |
| Brooksville, Florida 34613 | | | | | | |
| City/State and Zip Code | | | | | | |
| • | - | | | | | |
| E-mail address; (| to be used for future annual report notif | ication) | | | | |
| erning this matter, please ca | all: | | | | | |
| hambers, Esq. | 352 667-4317 | | | | | |
| Son | Area Code Daytime | Telephone Number | | | | |
| ollowing amount: | | | | | | |
| S30.00 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 | | | | |
| | E-mail address: (crining this matter, please can hambers, Esq. son ollowing amount: | stephanie@cschamberslaw.com E-mail address: (to be used for future annual report notificating this matter, please call: hambers, Esq. at () Area Code Daytime \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy | | | | |

MAILING ADDRESS:

TO: Registration Section

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 Tallabassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SJRR | HOLDINGS, LLC | | | |
|--|--|----------------------------|----------------------|--|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appear oted Liability Company) | s on our records.) | | |
| The Articles of Organization for this Limited Liability Comp | pany were filed on | June 4, 2018 | and assigned | |
| lorida document numberL18000138326 | | | | |
| his amendment is submitted to amend the following: | | | | |
| a. If amending name, enter the new name of the limited | liability company he | <u>re</u> : | | |
| he new name must be distinguishable and contain the words "Limited l | Liability Company," the d | esignation "LLC" or the ab | obreviation "L.L.C." | |
| nter new principal offices address, if applicable: | ***** | | | |
| Principal office address MUST BE A STREET ADDRESS | <u>s)</u> | | | |
| | | | <u></u> | |
| | | | 22 | |
| nter new mailing address, if applicable: | | | 55 P | |
| Mailing address MAY BE A POST OFFICE BOX | | | 3 | |
| | . | | ာ ည မ | |
| | | | | |
| 3. If amending the registered agent and/or registere egistered agent and/or the new registered office address Name of New Registered Agent: | | our records, enter | the name of the | |
| New Registered Office Address: | | | | |
| | Enter Flor | ida 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

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|--------------------------|----------------|
| MGR | JULIA BRADLEY | 3351 CROAKER DRIVE | ∃ Add |
| | | HERNANDO BEACH, FL 34607 | Remove |
| | | | ☐ Change |
| | | | 🖸 Add |
| | | | |
| | | | Change |
| | | | 🖸 Add |
| | | | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | □ Change |

| | | | | | | - | _ |
|---------------------------------------|---|---------------------------------------|--------------------------------------|----------------------|---|--|----------------------|
| | | | | | | | _ |
| | | | | | | | = |
| | | | <u> </u> | | | | _ |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | _ |
| | | | | | | | - 말 |
| - | | | | | | 18 | OISIAIO SECE |
| | | | | | | N 25 | - 46 1954 1954 |
| | | | | | | PH | - 162PO |
| | | | | | | မ | |
| | | | | | | - | - 荒 - |
| | | | | | | | _ |
| | | | | | | | _ |
| | | | | | | | |
| f an effective <u>Note:</u> If the | ate, if other than the d date is listed, the date must be date inserted in this bloc effective date on the Dep | e specific and can k does not meet | not be prior to da the applicable | ite of filing or man | (option than 90 days after requirements, this | onal) filing.) Pursuant to 60 date will not be lis | 05.0207 sted as |
| | specifies a delayed of h day after the recor | | e, but not ar | n effective tin | ne, at 12:01 a | i.m. on the ear | lier of |
| Dated | June 18 | . | 2018 | | | | |
| | | () | ~ | (| | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00