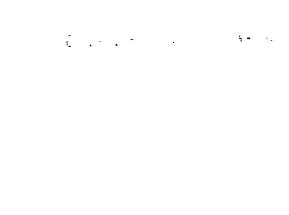
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COVER LETTER

TO:					
SUBJEC	Division of Corporations SJR Projects LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. asse return all correspondence concerning this matter to the following: Ryan Clarke Name of Person SJR Projects LLC Finn/Company 28748 CORBARA PLACE Address WESLEY CHAPEL, FL 33543 City/State and Zip Code SJR Project LLC E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call:				
			Ryan Clarke		
			<u></u>	Name of Person	
			SJR Projects LLC		
				Firm/Company	
			28748 CORBARA PLACI	3	
				Address	
			WESLEY CHAPEL, FL 3	3543	
				City/State and Zip Code	
				to be used for future annual report	notification)
For furth	her inf	ormation co			·
Ryan Clarke - Managing Partner/ Owner			Partner/ Owner	727 831-973.	3
		Name of	Person	Area Code Day	time Telephone Number
Enclosed	d is a c	theck for th	e following amount:		
■ \$25.	,00 Fil	ing Fee		Certified Copy	Certificate of Status & Certified Copy

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

SJR Projects LLC		
(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{1.18000139964}{1.18000139964}$	filed on and as	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "I	1C.''
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECRET DIVISION O
Enter new mailing address, if applicable:	1 7	ARY OF CERPS
(Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————		N OR ATTO
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, enter the name	of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Clasida	
	ity Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfoaccept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office addrown has been positived in writing of this change	ormance of my duties, and I am familiar wi led for in Chapter 605, F.S. Or, if this doc ess. I hereby confirm that the limited liabi	ith and ument is

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>	<u>Address</u>	Type of Action
AMBR	Jason Toft	105 TIMBERVIEW DR.	
		SAFTEY HARBOR, FL	■ Remove
		34695	Change
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				8/1/2018						
E. Effective date (If an effective da	:, if other th re is listed, the c	an the date late must be s	e of filing: necific and c	annot be pric	or to date of	filing or more	(€ than 90 days	o ptional) after filing.) Pu	irsuant to 605	5.020
Note: If the di	ate inserted in	this block o	ioes not me	et the appl	icable statu	tory filing r	equirements	, this date wil	I not be liste	ed a
document's ef	ective date of	n the Depart	ment of Sta	ite s record	is.					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00