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COVER LETTER

Division of Corporations SJMLC INVESTMENTS, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sarah Martin Name of Person SJMLC INVESTMENTS, LLC Firm/Company 3128 SW 126th Terrace Address Arthur, FL 32618 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sarah Martin Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SJMLC INVESTMENTS, LLC		والمنطق المرابع
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil lorida document number 000329304220	ity Company were filed on 05-09-19 90001210274	and assigned
nis amendment is submitted to amend the following	g:	
a. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A	DDRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	_
3. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		aZip Code
	ϵu_{3}	гар Соае

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>	<u>Address</u>	Type of Action
Mgr.	Sarah Martin	3128 SW 126th Terrace, Arther, FL 32618	■ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			□ Change
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
			□ Channa

D. If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
E. Effective date, if other than (If an effective date is listed, the date	5-10-19 the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)
Note: 11 the date inserted in th	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
If the record specifies a dela (b) The 90th day after the	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: record is filed.
Dated May 10	2019
Lune	Signature of a member or authorized representative of a member
LAWRENCE CLA	

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Typed or printed name of signee

Filing Fee: \$25.00