L19000128041

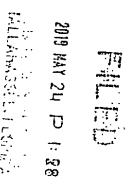
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PICK-UP	☐ WAIT ☐ MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

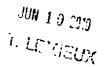
Office Use Only



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COVER LETTER

TO: Registration Section **Division of Corporations** SJSPH, LLC [Correct Typo, LLC Name is: SJSCH, 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: Lynne Lewis Name of Person The St. Joe Company #irm/Company 133 S Watersound Parkway Address Watersound, FL 32416 City/\$tate and Zip Code llewis@joe.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lynne Lewis Daytime Telephone Number Name of Person 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 & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE

SJSPH, LLC

(Name of the <u>Limi</u>	(A Florida Limite	d Liability Company)	2819 HAY 24	D 1: 58
The Articles of Organization for this Limited L Florida document number <u>L19000128041</u>	iability Compar	y were filed on May	TALLAHASIA	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited lia	bility company her	<u>e</u> :	
SJSCH, LLC				
The new name must be distinguishable and contain the v	vords "Limited Lia	bility Company," the des	ignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applic	able:	Not Applicable		
(Principal office address MUST BE A STREE	ET ADDRESS)			
				
Enter pour mailing address if applicables		Not Applicable		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	POVI		-	
maning agaress MAT BE A POST OFFICE	BOAI		····	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	~	ere:	our records, <u>enter</u>	the name of the nev
	Not Applicab	le		
New Registered Office Address:			a street address	
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing l	Registered Agen	<u>t:</u>		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as registered offic change.	e performance of m provided for in Ch	y duties, and I am j apter 605. F.S. Or, confirm that the lin	familiar with and if this document is nited liability
	11 (.11	anging registered Agen	ii, <u>signature of New Re</u>	Rister on Argent

If amending or removed	g Authorized Person(s) authorized from our records:	d to manage, <u>enter the title, name, and</u>	d address of each person being added
MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	Not Applicable		
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ective da	ite, if other than the	e date of fili	ng:	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605,020
te: If the		lock does not	t meet the ap	plicable statutory filing requirements, this date will not be listed a
	specifies a delaye n day after the rec			not an effective time, at 12:01 a.m. on the earlier
Wedn	nesday, May 22		2019	
	llu	glufi	10.5	
		/Signature of	#member or	uthorized representative of a member
		1/		1
Е	lizabeth J. Walters, Sc	ecretary		

Page 3 of 3

Filing Fee: \$25.00