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## **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Co	rporations		
	SJB Proje	ct Controls Services, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are suf-	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Sandra J. Bazinet		
	Name of Person SJB Project Controls Services, LLC			····
Name of Person  SJB Project Controls Services, LLC  Firm/Company  5430 NW 114th Avenue, Unit 105  Address  Doral, FL 33178  City/State and Zip Code sjbpcservices@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sandra J. Bazinet  305 Area Code  Daytime Telephone Number  Finclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate Copy (additional copy is enclosed)				
		5430 NW 114th Avenue, U	·	
		Doral, FL 33178	Address	· · · · · · · · · · · · · · · · · · ·
		sibpcservices@gmail.com	City/State and Zip Code	<del></del>
			to be used for future annual report not	(figation)
For further in	iformation c		·	
Sandra J. B	azinet			
	Name o	l'Person		ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25,00 Fi	iling Fee	-	Certified Copy	Certificate of Status &
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COUR. Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 33	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SJB Project Controls Services, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) amited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con Florida document number L19000251686	mpany were filed on October 18, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	021
		<u> </u>
Enter new mailing address, if applicable:		11,
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<del></del> 
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		nter the name of the ne
Name of New Registered Agent:	<del> </del>	
New Registered Office Address:	Enter Florida street address	
	. Florid	la.
	City	zip Codv

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
AMBR	Ariadna Pedroza	10343 NW 9th Street Circle, #4 Miami, FL 33172	■ Add
			□ Remove
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ective date, if other than the dat	e of filing: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	
e: If the date inserted in this block	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to does not meet the applicable statutory filing requirements, this date will not be	o 605.020 Clietoska
ument's effective date on the Depar	tment of State's records.	: nsicu a
record specifies a delayed eff	fective date, but not an effective time, at 12:01 a.m. on the e	
he 90th day after the record	is filed.	arlier o
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	ature of a member or authorized representative of a member	<del></del>

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