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22 June 7 Fit 3: 16

T. MATTHEWS

FEB - 7 2022

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL, 32314

To Whom It May Concern:

Please find enclosed SJ Brand LLC's amendment to the articles of organization, and the accompanying payment. The return address is 15023 Arbor Reserve Cir. #116. Tampa, Florida, 33624. Please feel free to contact me with any questions at (313) 401-2413.

Best

Kim Murpl

COVER LETTER

SJ Brand I	LC		
<u> </u>	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kimberly Murphy		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	SJ Brand LLC		
		Firm/Company	
	15023 ARBOR RESERVI	E CIR #116	
		Address	
	TAMPA, FL 33624		
	Linnel 162 de la leita de	City/State and Zip Code	
	kimmh1@sbeglobal.net E-mail address: t	to be used for future annual report	notification)
For further information of	concerning this matter, please c		
Kimberly Murphy		313 401-241	3
Name (of Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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

TO:

Registration Section **Division of Corporations**

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 22 11 22 74 3: 19

SJ Brand LLC		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
he Articles of Organization for this Limited Liability Cor		and assigned
orida document number 1.21000347680		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	ed_liability_company_here:	
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered of gent and/or the <u>new registered office address here</u> :	office address on our records, enter the	name of the new registe
cent and/or the new registered ornice address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	Florid	la
	City	Zin 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.

Learnending 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	Allison Van't Hof	15023 ARBOR RESERVE CIRCLE #116	□Add
		TAMPA, FI. 33624	= Remove
			□Change
			□Add
			⊡Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			⊡Change
			□Remove
			⊡Change

Typed or printed name of signee