

h21000513925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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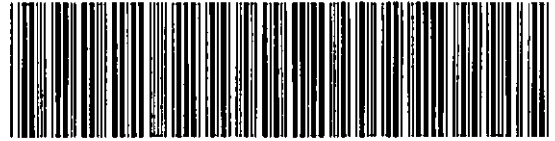
(Business Entity Name)

(Document Number)

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TAMPA, FL

A. BUTLER
JAN - 5 2022

SJ Research Institute LLC.

Document # L21000513925

8901 Sw 172nd Ave, Apt #831

Miami , Florida 33196

I Jessica Saavedra sending these amendments due to error when filling documents. Santiago Oliva The registered Agent is the owner and would like to add as only manager of SJ Research Institute LLC.

I Jessica Saavedra would only be authorize as an Authorized Member to handle official office paperwork and changes on behalf of owner and president of company Santiago Oliva.

If you had any questions, please call 954-297-3131

Thank You.

Sincerely,

Santiago Oliva (President)

SJ Research Institute LLC.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SJ Research Institute LLC
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:

Santiago Oliva
Name of Person

SJ Research Institute LLC
Firm/Company

8901 SW 172nd Ave #831
Address

miami, FL 33196
City/State and Zip Code

sjresearchinstitute@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Saavedra at 954 297-3131
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

SJ Research Institute LLC
(Name of the Limited Liability Company as it now appears on our records.)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ

Zip Code

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>	<u>Type of Action</u>
MGR	Santiago Oliva	8901 SW 172nd Ave	<input checked="" type="checkbox"/> Add
		# 831	<input type="checkbox"/> Remove
		miami, FL 33196	<input type="checkbox"/> Change
AMBR	Jessica Saguiedra	8901 SW 172nd Ave	<input type="checkbox"/> Add
		# 831	<input type="checkbox"/> Remove
		miami, FL 33196	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative

Lesson Snowdrift

Typed or printed name of signee