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COVER LETTER

TO:	Registration Se Division of Cor		
CHD ICA	RUN JMC	3 LLC	
SUBJEC	JI:	Name of Lim	nited Liability Company
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please re	eturn all correspo	ondence concerning this matter	to the following:
		Daniel A Jacobson	
			Name of Person
		Daniel A. Jacobson, PA	
			Firm/Company
		901 S Federal Highway, S	uite 201
			Address
		Fort Lauderdale, FL 33316	i i
			City/State and Zip Code
		dan@leanttitle.com	(to be used for future annual report notification)
For furth	er information c	oncerning this matter, please co	·
Dan Jaco	obson		954 632-5858 at ()
	Name o	f Person	Area Code Daytime Telephone Number
Enclosed	l is a check for th	he following amount:	
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address:
	Registration S Division of C		Registration Section Division of Corporations
	D(VISION OF C	•	The Contract Tallahagas

P.O. Box 6327

Tallahassee, FL 32314

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

FILED

RUN JMC 3 LLC

company has been notified in writing of this change.

2023 JUL 24 AM 8: 1.5

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears	on our records.	
(A rionda Limi	ied Liability Company)	TALLAF	MASSEE FLORIDA
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{02/0^{\circ}}{}$	7/2022	and assigned
Florida document number 1.22000064661			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited 1	liability company her	<u>e</u> :	
SGH Holdings 3 LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS			
			<u>-</u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered offi	ce address on our rec	ords, enter the nan	ne of the new registe
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
		, Florida	
	City:		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and c	agree to act in this co	macity. I further as	ree to comply with i
provisions of all statutes relative to the proper and compl			
accept the obligations of my position as registered agent			

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
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			□Remove
			Change
			□Add
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