## **Division of Corporations** Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J&S AQUISITION, LLC

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TO:	Registration Se Division of Cor			• • • •
C1:01	ECT:		HSITION, LLC	
SUDJ.	<u> </u>	Name of Lim	ited Liability Company	
The er	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
		<u></u>	Firm/Company	
		17350 STATE HWY 249 5	STE 220	
			Address	
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Enclos	sed is a check for th	he following amount:		
≣ s:	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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&S AQ	DUISITION, LLC		
( <u>Name of the Limited Liability (</u> (X Florida Li	Company as it now appears mited Liability Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on	05/11/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company her	<u>e</u> :	
S&J MANAGEMENT LLC			
The new name must be distinguishable and contain the words "Limiter	I Liability Company," the des	ignation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:	·		
(Principal office address MUST BE A STREET ADDRES	<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 of agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our red	cords, <u>enter the nan</u>	ne of the new registere
New Registered Office Address:	Ent of Elori	la street address	
	Eart Limit		
	Сиу	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered A	ŕ		•
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this ca uplete performance of n nt as provided for in Cl	ny duties, and Lam hapter 605, F.S. Or	familiar with and , if this document is
	If Changing Registered Age	nt, Signature of New R	egistered 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	Membe

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			ClAdd
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Effective date, if other than the da	ate of filing:		(optional)	
fan effective date is listed, the date must be Note: If the date inserted in this block	e specific and cannot be prior of does not meet the applic	to date of filing or more than adde statutory filing requi	r 90 days after filing.) Pursua frements, this date will no	incro 602.0207 of he listed as
document's effective date on the Depa	nument of State's records			
e record specifies a delayed effective d	ate but not an effective t	ime at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
rd is filed.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
Dated September 26th	2022			
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Jaian Mrsi	enature of a member or anth	orized representative of a me	ember	
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