L2300048116H

| | (Requestor's Name) |
|------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UP | <u> </u> |
| | (Business Entity Name) |
| *** | (Document Number) |
| Certified Copies | Certificates of Status |

Special Instructions to Filing Officer:

Was mailed in originally to

change the name to SJ Enterprises

LLC. Please Raturd when you get

to this filing. mailed on 12/14/23

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COVER LETTER

| Division of Co | | | | | |
|---|--|---|---|--|--|
| | SJ Dum | osters LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | |
| The analysis Artistas of | Chrysodmant and Exit character | unitrad for filing | | | |
| | Amendment and feets) are sub | | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | |
| | Ian Prince | | | | |
| | Name of Person | | | | |
| | SJ D | oumpsters LL0 | 3 | | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · | | |
| | 200 South F St | | | | |
| | | Address | | | |
| | Haines City, FI 33844 | | | | |
| | | City/State and Zip Code | · | | |
| | ianprir | nce123@yahc | o.com | | |
| | | | offication) | | |
| For further information | concerning this matter, please of | call: | | | |
| lan_Pri | nce | art 863 i | 287-5869 | | |
| | of Person | at (<u>863</u>) Daytic | ne 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) | X \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addre | | Street Address: | | | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | sters LL | <u>C</u> |
|--|--------------------|---|
| (Name of the Limited Liability Compar (A Florida Limited I. | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000481164</u> | were filed on | 0-19-23 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabiles of the limited liabiles. S.J. P. Enterprise The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the liability of the new name | | |
| Enter new principal offices address, if applicable: | _ | |
| (Principal office address MUST BE A STREET ADDRESS) | | • |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | - |
| | | ····································· |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | ddress on our reco | rds, enter the name of the new register |
| New Registered Office Address: | Emer Florida . | street address |
| | Florida | |
| | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete | | |

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 |
|--------------|-------------|--------------|----------------|
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| If a | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an Note | ctive date, if other than the date of filing: critective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the innent's effective date on the Department of State's records. |
| he rec ord is | ord 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 filed. |
| Date | December 21st 2023 |
| | |
| | Signature of a member or authorized representative of a member |
| | Ian Prince |
| | Lyped or printed name of signer |

Filing Fee: \$25.00