

M24000000708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

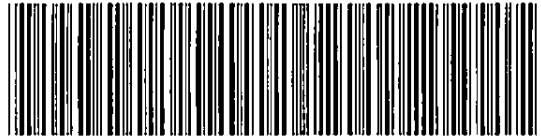
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/14/24--01008--005 ++25.00

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2024 MAR 14 AM 9:54

2024 MAR 14 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CLERK OF COURT
TALLAHASSEE, FLORIDA

**CORPORATE
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INC.**

When you need ACCESS to the world

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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 3/14

CERTIFIED COPY _____

XX PHOTOCOPY _____

GS _____

XX FILING LLC AMEND _____

1. SJF THE AFFILIATE VENTURES, LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SJF The Affiliate Ventures, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Freiberg

Name of Person

Firm/Company

5400 Broken Sound blvd NW Apt 246

Address

Boca Raton FL 33487

City/State and Zip Code

scott@sjftheaffiliateventures.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Freiberg

at (561) 3344317

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Sjff The affiliate Ventures llc

Enter new principal office address, if applicable: 5400 Broken Sound Blvd Nw Apt 246

(Principal office address
MUST BE A STREET ADDRESS)

Boca Raton Fl 33487

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M24000000708

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 1/5/24

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida**

City Zip 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.

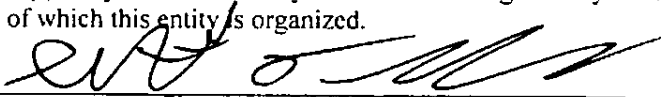
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	Scott Freiberg	5400 Broken Sound blvd Nw Apt 246	<input type="checkbox"/> Add
		Boca Raton Fl 33487	<input checked="" type="checkbox"/> Remove
MBR	SJF Capital Holdings, LLC	5400 Broken Sound blvd Nw Apt 246	<input checked="" type="checkbox"/> Add
		Boca Raton Fl 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 Signature of the authorized representative

Scott Freiberg

Typed or printed name of signee

Filing Fee: \$25.00

FILED
 2024 MAR 14 AM 10:51
 TALLAHASSEE, FLORIDA