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COVER LETTER

	Registration Sec Division of Corp							
SUBJECT	S&H Solution	ons Jacksonville, LLC	•					
SOBJEC		Name of Limi	ited Liability Company					
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please retu	ırn all correspon	dence concerning this matter	to the following:					
		Brady Stratton						
			Name of Person					
		S&H Solutions Jacksonvill	le, LLC	of Status &				
			Firm/Company					
		219 Myrtle Brook Bend		atus &				
			Address					
		Ponte Vedra Beach, FL 32081						
		Brady.Stratton@gmail.com	City/State and Zip Code					
			to be used for future annual report notification)					
For further	information co	ncerning this matter, please ca	all:					
Brady Stra	atton		904 534-5415 . at ()					
	Name of	Person	at ()					
Enclosed i	s a check for the	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) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &				
	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations c 6327 see, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 MAR 27 PM 2:21
PALLAHASSEE FLORIDA

S&H Solutions Jacksonville, LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	were filed on	July 28th 2015	and assigned		
Florida document number L15000128490	·					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company	here:			
	l-ments	LLC				
The new name must be distinguishable and contain the v	vords."Limited Liabi	lity Company," th	ne designation "LLC" or the al	breviation "L.L.C."		
Enter new principal offices address, if applic	219 Myrtle Brook Bend					
(Principal office address MUST BE A STREE	T ADDRESS)	Ponte Vedra	Beach, FL 32081			
Enter new mailing address, if applicable:		219 Myrtle Brook Bend				
Mailing address MAY BE A POST OFFICE BOX)		Ponte Vedra Beach, FL 32081				
B. If amending the registered agent and	on magistared of	ffina adduses	on our records outon	the name of the name		
registered agent and/or the new registered of	fice address her	nice address	on our records, enter	the name of the new		
Name of New Registered Agent:	Brady Stratton		•			
New Registered Office Address:	219 Myrtle Brook Bend					
		Enter Florida street address				
	Ponte Vedra Be	each	, Florida ³²	081		
		City		Zip Code		
New Registered Agent's Signature, if changing I	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 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>	Name	Address	Type of Action
AMBR	Jonathan I Hubbard	852 whisper cove trail	Add
		Jacksonville, FL 32221	■ Remove
			Change
AMBR	Mary K Stratton	219 Myrtle Brook Bend	■ Add
		Ponte Vedra Beach, FI 32081	☐ Remove
			☐ Change
	· · · · · · · · · · · · · · · · · · ·		□ Add
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Note: If the document's	ne date inserted s effective date	than the date of the date must be specific in this block do on the Departm	es not meet ent of State	the applicables records.	le statutory f	ling requirem	ents, this da	ng.) Pursuant to te will not be	listed as th
the record) The 90	l specifies a th day after	delayed effe the record is	ctive date filed.	, but not	an effectiv	e time, at 1	.2:01 a.m	on the ea	ırlier of:
Dated	3/23/	/ 17 Signat	ure of a memb	er or authori	2 de l'epresenta	ive of a member	x r		-
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Page 3 of 3

Filing Fee: \$25.00