L17000090956

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	P WAIT MAIL
-	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	J+LC Hold	lings LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		ames Told Name of Person	
		HC Holdings (Firm/Company	LLC
	609	Scrubjay dr	
	lyi	Her FL 33458 City/State and Zip Code	
	E-mail address: (City/State and Zip Code Codd 7 @ Comeast. To be used for future unnual report not	vet ilication
For further information c	concerning this matter, please c	all:	
James	Toda	at (<u>56/</u>) <u>84</u> Area Code Daytin	17-0296
Name o	d Person	Area Code Daytin	ie Telephone Number
Enclosed is a check for the	he following amount:		
\$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, Ft. 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

(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 Liability Company were filed on 4/24/17Florida document number <u>L17000090956</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida j

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.

City

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 Title Name Address Type of Action James Tolk 609 Scrubjay dr Chriter R XAdd MGR ☐ Remove □ Change □ Add □ Remove ☐ Change _□ Add 🔁 Remove Thange ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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e record sp The 90th	pecifies a delayed day after the rec	d effective d ord is filed.	ate, but no	ot an effec	tive time, at	12:01 a.n	n. on the	e earl	ier of:
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Dated	, ,		1/	0.[]					

Page 3 of 3

Filing Fee: \$25.00