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(Requestor's Name)	
, , ,	
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(
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SECRETARY OF STATE
ALL MIASSEF FLORIDA

K.SALY EXAMINER NOV 16 2012

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: JMH Properties L.L.C.				
	Name of Limited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.			
Please return all corresp	condence concerning this matter to the following:			
	Patricia Coleman			
	Name of Person			
	Firm/Company			
	844 Royalwood Lane			
	Address			
	Oviedo FL 32765			
	City/State and Zip Code			
	pattiharrison1@gmail.com			
	E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please call:			
Patti Coler	nan 407-929-7360.			
Name	of Person Area Code & Daytime 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)

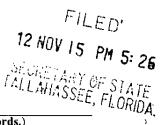
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JMH Properties, L.L.C.

(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 Liabilit	y Company were filed on 1/6/2003	and assigned
Florida document number L0300000769	·	
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 end with the "L.L.C."	words "Limited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	4
B. If amending the registered agent and/or re registered agent and/or the new registered office a		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
	, Flo	orida Zip Code
	City	Lip Coue

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michael Coleman	844 Royalwood Ln	Add
		Oviedo FL 32765	Remove
MGRM	Cleia Benacio	4813 Gateway Gardens Dr	Add
		Boynton Beach, FL 33436	Remove
	· · · · · · · · · · · · · · · · · · ·		Add
			Remove
			Add
			Remove
			_ Add
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	· · · · · · · · · · · · · · · · · · ·
Dated 1	1/12 2012
Dateu	Signature of a member or authorized representative of a member
	Patricia Coleman, MGR
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00