# LOS 0000 19264

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(Ad	ldress)	
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(Cir	ty/State/Zip/Phone	⇒ #)
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### **COVER LETTER**

TO: I	Registration-Se Division of Cor	ection , porations		
CUD IEC	JHP & SO			
SUBJEC'	1 •	Name of Lin	nited Liability Company	<del> </del>
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	endence concerning this matter	to the following:	
		JESUS H. PEREZ		
			Name of Person	
		JHP & SON, LLC		
			Firm/Company	
		10701 SW 68TH STREET	Γ	
			Address	·
		MIAMI, FL 33173		
			City/State and Zip Code	
		balonso1966@yahoo.com		
For fortha	r information o		to be used for future annual report notif	ication)
roi iuiuie	i information co	oncerning this matter, please co	an;	
JESUS H	. PEREZ		786 537-3995 at ( )	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e 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

JHP & SON, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number \_\_L05000099264 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 "L.L.C." 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, enterregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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

Florida

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
MGR	NORBERTO G. DIAZ	3550 NW 101 STREET	
		MIAMI, FL 33147	■ Remove
			Change
MGR	GILBERTO LOPEZ	4970 NW 170 ST	<b>■</b> Add
		MIAMI GARDENS, FL 33055	Remove
			Change
			Add
			☐ Remove
			Change
	<del></del>	<del>.</del>	Add
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior	r to date o	of filing or n	nore than 90 c	<b>_ (optior</b> lays after fi	<b>ial)</b> ling.) Pi	ırsuant 1	o 605.02
ote: If the date inserted in this block does not meet the application ocument's effective date on the Department of State's records.	cable sta	tutory filir	g requireme	ents, this c	date wil	ll not b	e listed
e record specifies a delayed effective date, but not	ot an e	ffective	time, at 1	2:01 a.	m. on	the e	arlier
The 90th day after the record is filed.							
December 4 2015					•		
mind.							

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Filing Fee: \$25.00