## <u>Locasos 11414</u>

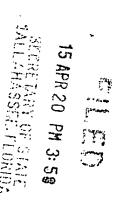
(Requ	uestor's Name)	
(Addı	ress)	
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(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	





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## **COVER LETTER**

TO: Registration Se Division of Con		A 49		
H&JH	OLDINGS, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter			
	ROY H. LAMBERT,	JR.		
		Name of Person		
	H & J HOLDINGS, L	LC.		
		Firm/Company		
	2935 20TH STREET			
		Address		
	VERO BEACH, FL	32960		
	JANICE@REGENCY	City/State and Zip Code Y-WINDSOR.COM to be used for future annual report notifi		
For further information of	concerning this matter, please c	·	cation)	
ROY H. LAMBER		772 778-8240		
Name o	of Person	at () Area Code Daytime	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)	
24.17	INC ADDRESS	Omn 11 m/c 2 1 1 2 1	3h 4hhnag	

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

H & J HOLDINGS, LLC					
(Name of the Limite	ed Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Li Florida document number L06000011414	ability Company v	vere filed on <u>FEBRUARY 1, 200</u>	<u>)6                                    </u>	and ass	igned
This amendment is submitted to amend the folio	owing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
The new name must be distinguishable and end with the	words "Limited Liabil	ity Company," the designation "LLC" or the	e abbrevi	iation "I	L.C."
Enter new principal offices address, if applica	able:	2935 20TH STREET			
(Principal office address MUST BE A STREE	office address MUST BE A STREET ADDRESS) VERO BEACH, FL 32960				
Enter new mailing address, if applicable:		2935 20TH STREET			
(Mailing address MAY BE A POST OFFICE BOX)		VERO BEACH, FL 32960			
B. If amending the registered agent and/or registered agent and/or the new registered of			r ithe	name APR	of the nev
Name of New Registered Agent:	ROY H. LAM	IBERT, JR.	JARY JASSE	20	(Printes
New Registered Office Address:	2935 20TH S	STREET		PM	
		Enter Florida street address	<u>a</u> =-	<del>.</del>	77

## 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

**VERO BEACH** 

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOY A. LAMBERT	2935 20TH STREET, VERO BEACH,	FL □ Add
		FORMERLY AT 1101 18TH PLACE,	■ Remove
		VERO BEACH, FL 32960	
			Add
			Remove
			<u></u>
· · · · · · · · · · · · · · · · · · ·			Add
			□ Remove
		<u> </u>	SCORE
			Add ***
			□ Temove
			3: 5 6
			□ Remove
•	···		🗆 Add
			□ Remove

If amending any other information, enter change(s) here: (Attach addition)	tional sheets, if necessary.)
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) ot be more than 90 days after
Dated, 2015	
MA Calast	
Signature of a member or authorized representati	ve of a member
ROY H. LAMBERT, JR., MEMBER	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

15 APR 20 PM 3: 58