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(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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LUUB JAN IT P 1: OL SECRETARY OF STATE ALLAHASSEF, FI OBIO

FILED

COVER LETTER

Division of Corporations
SUBJECT: THS Properties LLC. (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
JHS Properties LLC ARRETAN JAN JAN JAN JAN JAN JAN JAN JAN JAN J
For further information concerning this matter, please call:
(Name of Person) at (954) 7229339 or cell 647-4967 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\sum{\$\\$25.00 \text{ Filing Fee}}\$\$ \$\sum{\$\\$30.00 \text{ Filing Fee & Certificate of Status}}\$\$ \$\sum{\$\\$25.00 \text{ Filing Fee & Certificate Opy (additional copy is enclosed)}}\$\$\$ \$\$\$ \$\$\$ \$\sum{\$\\$60.00 \text{ Filing Fee, Certificate of Status & Certificate Opy (additional copy is enclosed)}}\$\$\$
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAS Pa	operties.	LLC		
	y Company as it now Limited Liability Com	appears on our recor	<u>'ds.</u>)	
The Articles of Organization for this Limited Liability Of Florida document number		on 8/7/2	SEC	ssigned
This amendment is submitted to amend the following:			JAN IT F RETARY OF AHASSEE.	m
A. If amending name, enter the new name of the lim	ited liability compa	ny here:	STATE FLORID/	O
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability	Company," the design	ation "LLC" or th	e abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office add		s on our records, g	enter the name	of the new
Name of New Registered Agent:				•
New Registered Office Address:				
	(Enter Florida street address)			
	, Florida			
	(City)		(Zip C	ode)
New Registered Agent's Signature, if changing Registered	<u> </u>	this agnosity I Gust	hay aguar ta aay	unds with
I hereby accept the appointment as registered agent the provisions of all statutes relative to the proper as accept the obligations of my position as registered a being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd complete perform gent as provided for ed office address, I	nance of my duties, r in Chapter 608, F.	and I am familion. S. Or, if this do	ar with and cument is
•	/If Changing David		Chian Dari Aras I A	
	(II Changing Registe	red Agent, <u>Signature of</u>	New Registered A	gent)

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

MGR = Manager

MGRN	1 = Managing Member		•
<u>Title</u>	Name	Address	Type of Action
MG	R JANES SPINSARN	5097 NW1215 Dr. Coral Spanys, 72 33076	Add Remove
MG	R Michele Silva	9771 NW 23 Ry Court Coral Spring 71 33065	Add Remove
Mon	Patricia Spingman	8538 NW 21 Manor Corcl: Spring, 76 33071	Add Aemove
			Add , Remove
			Add Remove
D. If a			SECTION Remove
D. II a	F-llowing is The Percenture of or Joseph SpingARD DDS has 497	o of shares y/or ownership Dim	F 05
	Charles HIVES has 49% of a	Shares 4/02 ownerding	· .
Dated _	JARED: Spingyam ha 1% ot s	i i	
	Signature of a thember Toseph SP Typed	ror authorized representative of a member (NGARA) or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00