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SECRETARY OF STATES
DIVISION OF CORPORATIONS

T. HAMPTON

D=0 2 9 2009

EXAMINER

COVER LETTER

TO; Regi	tration Section Ion of Corporations			
SUBJECT:	J & H INSURANCE SERVICES LLC			
_	Name of Limited Liability Company			
The enclosed	articles of Amendment and fee(s) are submitted for filing.			
Please return a	Il correspondence concerning this matter to the following:			
	JEAN C ST GERMAIN			
	Name of Person			
	J & H INSURANCE SERVICES LLC			
	Firm/Company			
	449 SW KAABE AVE			
Address				
	PORT ST LUCIE, FL 34953			
	City/State and Zip Code			
	JCMHSTG@YAHOO.COM E-mail address: (to be used for future annual report notification)			
	E-mail address: (to be used for future annual report notification)			
For further inf	ormation concerning this matter, please call:			
_	JEAN C ST GERMAIN at (772) 342-8700			
	Name of Person Area Code & Daytime Telephone Number			
Enclosed is a c	heck for the following amount:			
\$25.00 Fili	rg Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO;

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

	& INSURANCE SERV			•
(A F	ability Company as it now appea orida Limited Liability Company)			
The Articles of Organization for this Limited Liab Florida document number	· · ·	11-04 2009	and assig	ned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company her	<u>re</u> :		
J&H II	NSURANCE SERVICES LL	.C		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	any," the designation "LLC"	" or the abl	previation
Enter new principal offices address, if applicab	le:	,		
(Principal office address MUST BE A STREET.	ADDRESS)			AIE
			36	38
			C	老帝
Enter new mailing address, if applicable:			28	
(Mailing address MAY BE A POST OFFICE BO)X)	***************************************	72	200
Chairma address Will Buill GB1 Of Tice De				0 S
			- 1	
B. If amending the registered agent and/or	registered office address on	our records, enter the	name of	the new
registered agent and/or the new registered offic		, <u> </u>		
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
		, Florida		
•	City		in Code	

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 Changing Registered Agent, Signature of New Registered Agent

If am diding 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 = Ma MGRM = M	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	SEGRETARY DE STAT
Dated	Jean Cando &	er or althorized representative of a member	ATIONS.
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00