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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J H ENTERPRISES OF JACKSONVILLE, 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:

JORDAN HARRINGTON  
Name of Person

JH ENTERPRISES OF JACKSONVILLE, LLC  
Firm/Company

11814 CATRAKEE DR.  
Address

JACKSONVILLE, FL 32223  
City/State and Zip Code

Jordan@royalpestservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORDAN HARRINGTON at ( 904 ) 887-5477  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

J H ENTERPRISES OF JACKSONVILLE, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FL

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The Articles of Organization for this Limited Liability Company were filed on MAY 04<sup>th</sup>, 20 and assigned  
Florida document number L11000052877.

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)

11814 CATRAKEE DR.  
JACKSONVILLE, FL 32223

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11814 CATRAKEE DR.  
JACKSONVILLE, FL 32223

**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 office address here:**

Name of New Registered Agent:

JORDAN HARRINGTON

New Registered Office Address:

11814 CATRAKEE DR.

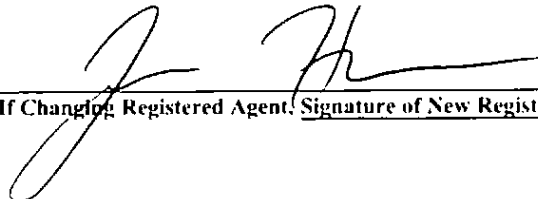
Enter Florida street address

JACKSONVILLE, Florida 32223  
City Zip 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 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



Title	Name	Address	Type of Action
MGR	JORDAN HARRINGTON	11814 CATRAKEE DR.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES HARRINGTON	11814 CATRAKEE DR.	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES HARRINGTON	7011 BUSINESS PARK BLVD N	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENNIFER HARRINGTON	7011 BUSINESS PARK BLVD N	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 20<sup>TH</sup>. 2022

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Robert FLARZINGTON  
Typed or printed name

Typed or printed name of signee

**Filing Fee: \$25.00**