## 114000013414

(Re	questor's Name)	
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SACRETARY OF STATE

MAY 2 5 2016

## 3 COVER LETTER

TO: Registration Sec Division of Corp	ction porations		
JHD PROSI	E, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The analoged Articles of A	Amendment and fee(s) are subn	nitted for filing	
		-	
Please return all correspon	idence concerning this matter to	o the following:	
	TROY H. MYERS, JR.		
		Name of Person	
	ICARD, MERRILL, CULL	.IS, TIMM, FUREN & GINSBURG,	, P. A.
	<del></del>	Firm/Company	
	2033 MAIN ST STE 600		
		Address	
	SARASOTA, FL 34237		
		City/State and Zip Code	<del> </del>
	TMYERS@ICARDMERRI		
	E-mail address: (to	o be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	11:	
TROY H. MYERS, JR.		941 953-8110 at ( )	
Name of Person Area Code Daytime Telephone Number		l'elephone Number	
Enclosed is 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

JHD PROSE, LLC		
(Name of the Lim	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
the Articles of Organization for this Limited Liability Company were filed on JANUARY 24, lorida document number L14000013414		UARY 24, 2014 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company" the des	ignation "I.I.C" or the abbreviation "L.I.C."
no new mane must be distinguishable and contain the	Total Elimed Elability Company, the des	Control of the contro
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STREET ADDRESS)		17 TO 15
Tractiful Office war els medd DE 71 Blace		₩-₹ tu <u>*</u>
Enter new mailing address, if applicable:		22 2
(Mailing address MAY BE A POST OFFICE BOX)		<b>D</b> 0
muning dudiess Will BE 71 FOOT OF FEEL		
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the
Name of New Registered Agent:	TROY H. MYERS, JR.	
New Registered Office Address:	2033 MAIN ST STE 600	
	Enter Florid	la street address
	SARASOTA	, Florida <sup>34211</sup>
	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

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 \_□ Add ☐ Remove ☐ Change \_□ Add □ Remove \_□ Change □ Add ☐ Remove \_□ Change □ Add \_□ Remove \_□ Change \_□ Add □ Remove ☐ Change 2 □ Add 2 Change

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	the date must be speci	filing:  fic and cannot be prior to day  s not meet the applicable	te of filing or more than statutory filing requi	(optional) 90 days after filing.) rements, this date v	Pursuant to 605 will not be liste
effective date is listed,  If the date inserte ment's effective dat  ecord specifies a	te on the Departments a delayed effect	nt of State's records. tive date, but not an	ı effective time, a	at 12:01 a.m. c	on the earlie
effective date is listed, If the date inserte ment's effective dat ecord specifies a e 90th day afte	te on the Departments a delayed effect	nt of State's records. tive date, but not an	ı effective time, a	at 12:01 a.m. c	on the earlie
effective date is listed, If the date inserte ment's effective dat ecord specifies a e 90th day afte	te on the Departments a delayed effect	nt of State's records. tive date, but not an filed.	ı effective time, a		
ffective date is listed,  If the date inserte ment's effective dat  ecord specifies a e 90th day afte	te on the Department and delayed effect in the record is f	nt of State's records. tive date, but not an filed.		wher	
effective date is listed, If the date inserte ment's effective dat ecord specifies a e 90th day afte  MAY 20TH  May 20TH	de on the Department of the delayed effect of the record is for th	nt of State's records.  Tive date, but not an filed.  2016	d representative of a me	mber A	
effective date is listed, If the date inserted inserted inserted inserted inserted date inserted inser	de on the Department of the delayed effect of the record is for th	tive date, but not an filed.  2016  e of a member or authorized	d representative of a me	mber The state of	72

Filing Fee: \$25.00