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236 East 6th Avenue, Tallahassee, Florida 32303

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JAR HOUR HOUSE Solutions 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:
Ashley Rader Name of Person
One How House Jointians LLC
3524 Stearns Park Rd
City/State and Zip Code BFPS 111 @ C7mail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bayley Fabrizi at 813 707-3857 Name of Person Afea Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED

Or	2023 FR 10 AM 10: 48
(Name of the Limited Liability Company as It now appears on our records.) (A Florida Limited Liability Company)	LUICE AY OF STATE
The Articles of Organization for this Limited Liability Company were filed on	and assigned
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	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, entregistered agent and/or the new registered office address here:	ter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	
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 provisions of all statutes relative to the proper and complete performance of my duties, and I a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. being filed to merely reflect a change in the registered office address, I hereby confirm that the	on familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
AMPR	Christian Rader	3524 Stearns Park Rd Valrico F1 33591	t Add
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D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an off <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 7th , 2023.
	Senature of a member or authorized representative of a member
	Ashley Kader Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00