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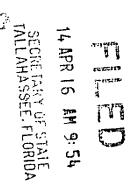
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Office Use Only



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J. Shivers APR 17 2014

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: J+H Enterprises of Texas 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: |
| Rich Humber / Jessica Johnson Name of Person |
| Firm/Company |
| 4798 S. Florida Aue PM 246 |
| Lakeland FL 33813 |
| Lakeland FL 33813 City/State and Zip Code NLSCOLLEGE PRODAY @ Yahov. cony E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jessica John Son at (321) 328-0810 Name of Person at (321) Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

| J+ H Enterprise | | | | | |
|---|--|--|--|--|--|
| (Name of the Limited Liability Comp (A Florida Limited | nany as it now appears on our records.) Liability Company) | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L1400036797</u> | y were filed on 3/5/2014 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 end with the words "Limited Lia | ability 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) | 4798 S. Florida Ave Lakeland FL 33813 | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 6315 Sandy Oaks Dr. Houston TX 77050 | | | | |
| B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he | office address on our records, enter the name of the new re: | | | | |
| Name of New Registered Agent: Jessi | cat Johnson FE = | | | | |
| New Registered Office Address: 4798 | S. Florida Ave. AF B | | | | |
| Lakel | City Florida 3843 | | | | |
| New Registered Agent's Signature, if changing Registered Agent | ORIGINAL ST | | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as | ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is | | | | |

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** MGRM Jessica K Johnson 6315 Sandy Oaks DR MAD Houston TX 77050 Remove MGRM Rich Humber 6048 Topher Trail WAdd □ Add ☐ Remove □ A49d ☐ Remove ☐ Remove

| | rmation, enter change(s) here: (Attach ad | aitional sneets, if necessary.) |
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| Effective date, if other than | the date of filing: | (optional) |
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| The effective date must be specific, the date this document is filed by the | he Florida Department of State) | not be more than 90 days after |
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Page 3 of 3

Filing Fee: \$25.00

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SECRETANY OF STATE
TALLAHASSEEL FLORIDA