L14000152329

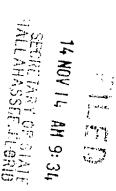
(Re	equestor's Name)	
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J. Shivers NOV 2 0 2014

COVER LETTER

TO: Registration Se Division of Cor		*				
JJH Inte	rnet Marketing LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	MacKenzie Wheelei					
	Name of Person					
	Prime Corporate Se	rvices				
		Firm/Company				
	12226 S 1000 E Ste	10				
	······································	Address				
	Draper, UT 84020					
	City/State and Zip Code					
	Ilcsupport@primecorporateservices.com					
	E-mail address: (to be used for future annual report notifi	cation)			
For further information c	oncerning this matter, please ca	all:				
MacKenzie Wheel	er	855 577-4639				
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	ne 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

JJH Internet Marketing LLI			
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny 25 it now appears on our lability Company)	records.)
The Articles of Organization for this Limited L. Florida document number <u>L14000152329</u>	iability Company	were filed on 09/30/20	14 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company bere:	·
•••			
The new name must be distinguishable and end with the	words "Limited List	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1261 Mariana Ct.	
(Principal office address MUST BE A STREET ADDRESS)		Marco Island, FL 34145	
1			
Enter new mailing address, if applicable:		1261 Mariana Ct.	
(Mailing address MAX BE A POST OFFICE BOX)		Marco Island, FL 34145	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		e:	cords, enter the name of the ne
	1261 Maria	na Ct	50 2
New Registered Office Address:	Marco Islan	Enter Florida street	Address SSA Toronto 34145
		City	Zp Code Y
New Registered Agent's Signature, if changing			99
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office change.	performance of my dution of my dution of the confinence of the con	. I further agree to comply with the es, and I am familiar with and 605, F.S. Or, if this document is
	Page	of 3	•

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF SIALL