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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: JHM Florida Properties UC 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:				
Keun Brady				
Name of Perkon				
ItIM Florida Properties CCC				
8297 Champunsgate Blud #317				
Championsants F1, 33896 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (#2) 4077176008 Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

JHM Florida P	coparties UC
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L1500073196</u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited</u>	d 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 ADDRES	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the new s here:
Name of New Registered Agent:	S m
New Registered Office Address:	<u></u>
	Enter Florida street address Florida
	City Zin 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>	Name	Address	Type of Action	
			Remove	
			Change	
			Add	
			□ Remove	
			□ Change	
			☐ Remove	
			Change	
			□ Add	
			□ Remove	
			Change	
			□ Add	
			Remove	
			Change	
		·	☐ Remove	
			D.C.	

We are changing the Title MBR name
from Josephina HO Maria Van RREE to be
from Josephina HO Maria Van RREE to See changed to Josephina Heleva Maria Languers
· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than the date of filing: (optional) (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
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 10 0 1
LEVIN BRADY Typed or printed name of signee

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Filing Fee: \$25.00