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(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	JH2ANT, L			
SOBJECT	-		ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Joseph C. Skalski		
			Name of Person	
		Skalski Law Firm, LLC		
			Firm/Company	
		4243 Dunwoody Club Dri	ve, Suite 214	
			Address	
		Atlanta, Georgia 30350		
			City/State and Zip Code	* _**
		joeskalski@msn.com		
		E-mail address: (to be used for future annual report notif	ication)
For further in	iformation c	oncerning this matter, please c	all:	•
Joseph C. Sl	kalski		678 336-5329 at ()	,
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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
Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JH2ANT, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on November 17, 2015	and assigned
lorida document number L15000194712		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4869 South Atlantic Avenue	
Principal office address MUST BE A STREET ADDRESS)	Ponce Inlet, Florida 32127	
	P.O. Box 624	
nter new mailing address, if applicable:	Cornelia, Georgia 30531	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of		r the name of the
egistered agent and/or the new registered office address her	<u>e</u> :	î
Name of New Registered Agent:		,
New Registered Office Address:	Enter Florida street address	<u> </u>
	, 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 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>N</u> ame	Address	Type of Action
MGR	Joseph C. Skalski	4243 Dunwoody Club Drive	
		Suite 214	■ Remove
		Atlanta, Georgia 30350	Cl. Channe
MGR Carol Lovell	Carol Lovell	P.O. Box 624	
		Cornelia, Georgia 30531	□ Remove
			□ Change
			□ Remove
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E. Effect	re date, if other than the date of filing: (optional) ctive 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 605.02	
Note:	ctive 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 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	
b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	March 10 2018. Carol Lowell	
	Carol Longle	
	Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00