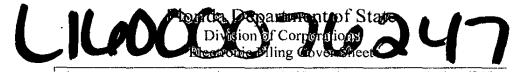
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000154208 3)))



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Account Number : I19980000090

Phone Fax Number

: (407)839-4200 : (407)839-4264

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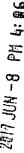
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6/8/2017



(H170001542083)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JRS MHP MANAGEMENT, LLC		
(Name of the Limited Liability ((A Florida Lia	Company as it now uppears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number <u>L16000076247</u>	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d Hability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "LEC."
·	,,	
Enter new principal offices address, if applicable:		£ 2
(Principal office address MUST BE A STREET ADDRES	55)	S 2 6
Transcond Winner about Workland	Ď:	FO ALL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- Sin 10
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		nter the name of the new
New Registered Office Address:	Enter Florida street address	
	, Florid	aZip Code
New Registered Agent's Signature, if changing Registered A	• •	·
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my duties, and I nt as provided for in Chapter 605, F.S	am familiar with and . Or, if this document is
	$\tilde{\Omega}^{:}$	
· ī	f Changing Registered Agent, Signature of N	ow Recistered Agent

Page 1 of 3

(H17000154208 3)

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
MGR	Jamic Smith	510 Gatlin Avenue	≅ Add
		Orlando, Florida 32806	□ Remove
		3.Pr	☐ Change
MGR	Salvo Conducto, LLC	215 N. Eola Dr.	☐ Add
		Orlando, Florida 32801	■ Remove
			Change
			☐ Remove
		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	☐ Change
			Add
			Remove
			SSET Add S
			Del Chare
			☐ Add
	· ,		□ Remove
			□ Change

Page 2 of 3

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	nding any other information, enter change	e(s) here: (Attach additional	sheets, if necessary.)	,
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ocum e rec	ective date is listed, the date must be specific and cannot lifthe date inserted in this block does not meet the ent's effective date on the Department of State's cord specifies a delayed effective date, 90th day after the record is filed.	s records.		
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