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ΓΟ: Registration S Division of Co	ection rporations		,
HOLOT.	eciates Holdings, LLC	e e	.a. ∨
	Name of Lim	ited Liability Company	
The analoged Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
	Joel A. Threlkeld, Esq.		
		Name of Person	
	Threlkeld Law, P.A.		
		Firm/Company	
	3003 Tamiami Trail N., Su	nite 400	
		Address	.
	Naples, FL 34103		
	joel@napleslegal.net	City/State and Zip Code	
		to be used for future annual report n	otification)
For further information	concerning this matter, please c	all:	
Joel A. Threlkeld, Esq.		239 234-5034	
Name	of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JH & Associates Holdings, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on <u>02/22/2017</u>	and assigned
Florida document number L17000042281		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		S R2
		PE 2
F. den a constant of the control of		Park of M
Enter new mailing address, if applicable:		SHOP IN COLUMN TO THE PARTY OF
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	. I	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 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	Carolina Houston	2438 Fowler Street	□Add
		Fort Myers, FL 33901	■Remove
			□Change
MGR Joseph Houston	Joseph Houston	2438 Fowler Street	≣ Add
		Fort Myers, FL 33901	□Remove
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
	-		□Add
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ated _	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member