

L17 0000 42281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

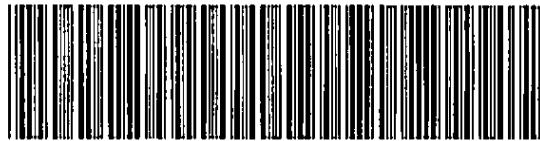
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2022 SEP -2 PM 2:27

9/10/2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JH & ASSOCIATES HOLDINGS, LLC

Name of Limited Liability Company

RECEIVED

2022 JUN 13 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel A. Threlkeld, Esq.

Name of Person

Threlkeld Law, P.A.

Firm/Company

3003 Tamiami Tr. N., Ste. 400

Address

Naples, FL 34103

City/State and Zip Code

Joel@napleslegal.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Threlkeld

at (239) 234 - 5034

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
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(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**

2022 SEP -2 PM 2: 27

JH & ASSOCIATES HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/22/2017 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 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 ADDRESS) .. \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**


Name of New Registered Agent: ----- THRELKELD-LAW, P.A. -----

New Registered Office Address: 3003 Tamiami Trail N., Ste. 400  
Enter Florida street address

Naples, Florida 34103  
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.*

 President  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSEPH HOUSTON	3375 E. Tamiami Trail, Suite 100	<input type="checkbox"/> Add
		Naples, FL 34112	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EMMA HOUSTON LIV TRUST	3375 E. Tamiami Trail, Suite 100	<input checked="" type="checkbox"/> Add
		Naples, FL 34112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

1. The first part of the document is a header section containing the following information:

- Page: 1
- Date: 10/10/2010
- Time: 10:10:10
- Author: [REDACTED]
- Editor: [REDACTED]
- Reviewer: [REDACTED]
- Version: 1.0
- Project: [REDACTED]
- Task: [REDACTED]
- Sub-task: [REDACTED]
- Priority: [REDACTED]
- Status: [REDACTED]
- Category: [REDACTED]
- Sub-category: [REDACTED]
- Keywords: [REDACTED]
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- Links: [REDACTED]
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- Log: [REDACTED]
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(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 (3)(b)

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 JUNE 9, 2022

Signature of a member or authorized representative of a member

JOSEPH HOUSTON

Typed or printed name of signee

**Filing Fee: \$25.00**