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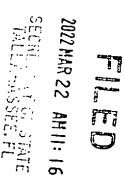
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COVER LETTER

TO:

Registration Section Division of Corporations

J'L7 LLC			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JONAS S DA SILVA		
	-	Name of Person	
	J'L7 LLC		
		Firm/Company	
	3H5 W. AUGUSTA BLV	D	
		Address	
	CHICAGO, IL 60622		
		City/State and Zip Code	
	JONAS@JESPARLLC.CO		
-	E-mail address: (to be used for future annual report not	itication)
For further information e	oncerning this matter, please c	all:	
JONAS S DA SILVA		773 704-1902 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing 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 Registration S	Section	Street Address: Registration So	
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

J'L7 LLC

2022 MAR 22 AM II: 16

(Name of the Limited Li	ability Company as it now appears on our records)();	He STATE
(AF	ability Company as it now appears on our records () () [Indicate Company TAL	LAHASSEE, FL
The Articles of Organization for this Limited Liabili	ity Company were filed on MARCH 1, 2017	and assigned
Florida document number L17000047579	 -	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
H.7-1 LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	;	
(Principal office address MUST BE A STREET A)	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered	tered office address on our records, enter the	
Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered	tered office address on our records, enter the	
Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registered	tered office address on our records, enter the	
(Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office address on our records, enter the	
	tered office address on our records, <u>enter the</u> ere:	name of the new regi

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>	<u>Name</u>	Address	Type of Action
AP	JONAH DA SILVA	3115 W AUGUSTA BLVD	□Add
		CHICAGO IL 60622	■Remove
•			□Change
MGR	JOSUE ERALDO DA SILVA	3115 W AUGUSTA BLVD	
		CHICAGO IL 60622	□Remove
			□Change
			□Add
			□Remove
			□Add
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