1700018398

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COVER LETTER

Division of Cor	porations		
~	tudent Housing, 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:	
	Nannette Gammon		
		Name of Person	
	Ecclestone Organization		
		Firm/Company	
	1555 Palm Beach Lakes B	lvd. #1100	
		Address	
	West Palm Beach, Florida	33401	
		City/State and Zip Code	
	nannetteg@ecclestone.com	to be used for future annual report notific	ention)
For further information co	oncerning this matter, please ca	·	
Nannette Gammon		561 686-2000 at () Area Code Daytime	
Name o	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Pee	□ \$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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The	e Farm Student Housing, LLC
(<u>Name of the Limited Li</u> (A FI	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number $\frac{L17000069398}{L17000069398}$	ity Company were filed on March 27, 2017 and assigned and assigned.
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	
	Partner JCH, LLC
The new name must be distinguishable and contain the words'	"Limited Liability Company," the designation "L.E.C" or the abbreviation "L.E.C."
Enter new principal offices address, if applicables	·
(Principal office address MUST BE A STREET AI	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	7)
(Multing uddress MAT BE A FOST OF FICE BOX	
B. If amending the registered agent and/or r registered agent and/or the new registered office:	registered office address on our records, enter the name of the neaddress here:
Name of New Registered Agent:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
New Registered Office Address:	Enter Florida street address
	· · · · · · · · · · · · · · · · · · ·
	, Florida
	-
New Registered Agent's Signature, if changing Regist	tered Agent:
provisions of all statutes relative to the proper ar accept the obligations of my position as registere	ent and agree to act in this capacity. I further agree to comply with the ad complete performance of my duties, and I am familiar with and end agent as provided for in Chapter 605, F.S. Or, if this document is stered office address. I hereby confirm that the limited liability

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>	Type of Action
			Add
\			Remove
			☐ Change
			□ Remove
		·	☐ Change
			☐ Remove
			Change
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			☐ Remove
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ctive date, if other than the date of filing:		(optio	nai)	
effective date is listed, the date must be specific and cannot be	prior to date of filing or t	nore than 90 days	after t	iling.) Purs	uant to 605
If the date inserted in this block does not meet the a ment's effective date on the Department of State's rec		ng requirements	i, inis	date will i	not be liste
			۸.		
ecord specifies a delayed effective date, bu ie 90th day after the record is filed.	it not an effective	time, at 12:	01 a.	m. on t	he earli
ic solit day area ere record is med,					
June 30 2017					
Maxitte Han	·				
Mad with Haran	1 ad 11				
r www num					
Signature of a member or	authorized representative	e of a member			

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Filing Fee: \$25.00