5/1/23, 11:05 AM

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io:

Division of Corporations tax Number : (850)617-6383

From:

Account Name : JEC+, HARPIS, RAYMOR & JONES, P.A.

Account Number : 120000000210 Phone : (561)746-1002 Fax Number : (561)775-0270

\*\*Inter the email address for this business entity to be used for future annual report mailings. Inter only one email address please.\*\*

Erail Address: janet@protocolhs.com

## LLC AMND/RESTATE/CORRECT OR M/MC RESIGN JICH, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JICH, LLC		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	w appears on our records.)	
The Articles of Organization for this Limited Liability Company were filed Florida document number L17000099821	d on and assign	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Company	iy," the designation "ELC" or the abbreviation "L.L.C.	<del></del>
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 agent and/or the new registered office address here:	n our records, enter the name of the new re	gistered
Name of New Registered Agent:	- 22	
New Registered Office Address:	. 7	٠ <u>:</u> <del>-</del> <u> </u>
Ent	nter Florida street address	
Cin	Florida Zip Code 🔾	
New Registered Agent's Signature, if changing Registered Agent:	,,,, co.,,;,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performant accept the obligations of my position as registered agent as provided for heing filed to merely reflect a change in the registered office address, I dempany has been notified in writing of this change.	nce of my duties, and I am familiar with ar for in Chapter 605, F.S. Or, if this docume	nd

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

\_\_\_\_\_ □Change

## (((H23000161754 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:

AMBR = Authorized Member Title Name <u>Address</u> Type of Action \_\_\_\_\_ □Remove \_\_\_\_\_ □Add \_\_\_\_\_ Change \_\_\_\_\_ 🗀 Remove \_\_\_\_\_ □Change \_\_\_\_\_\_ 🗆 🗀 Add \_\_\_\_\_ □Remove 

70:

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an effec iote: If	tive date, if other than the date of filing:  (optional)  tive 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 605,020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
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 3.
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Filing Fee: \$25.00