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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : 120090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JH CUSTOMS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		Cite	Zip Cod	·
	Tampa		, Florida <sup>3,3607</sup>	
		Enter Florida street at	ldress	
New Registered Office Address:	3030 N. ROCK	Y POINT DR. STE 150A		
Name of New Registered Agent:	<u> </u>			
registered agent and/or the new registered off	ice address her	œ:		
B. If amending the registered agent and/o			ords, enter the nam	e of the ney
				<del></del>
Cotoning unaress PLAT BE A POST OFFICE E	<u> </u>		ا ا	<u> </u>
(Mailing address MAY BE A POST OFFICE E	22353	Largo, FL 33773		
Enter new mailing address, if applicable:		12891 92nd Street	<u> </u>	Ci (
				( <u>)</u> ====================================
			اه <u>ن حر</u>	(1) Kana
(Principal office address MUST BE A STREET ADDRESS)		Largo, FL 33773	1	
Enter new principal offices address, if applica	ible:	12891 92nd Street	<b>-</b> 1	
The new name must be distinguishable and contain the we	ords "Limited Liabs	dity Company," the designation:	T.f.C" or the abbreviation '	T.1.C."
A. If amending name, enter the new name of	the limited liab	oility company here:		
This amendment is submitted to amend the follo	wing:			
Florida document number L1700010478\$	··			
The Articles of Organization for this Limited Lie		were filed on 05/11/2017	and a	issigned
(	A Florida Lunued	Liability Company)		
(Name of the Limite	d Liability Comp.	any ay it now appears on our re Liability Company)	cords.)	
JD CUSTOMS LLC				

## 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 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
AMBR	HAMILL, JOHN	3030 N Rocky Point Dr STE 150A	
		Tampa, FL 33607	☐ Remove
			☐ Change
AMBR	HAMILL, JENNIFER	3030 N Rucky Point Dr STE 150A	
		Tampa, FL 33607	
			☐ Change
AMBR	SULAK, CAMERON	3030 N Rocky Point Dr STE 150A	Add
		Tampa, FL 33607	☐ Remove
			☐ Change
**************************************			
			2017 AL D'ALL
			ADAdd 5
			7 Change
			☐ Remove
			☐ Change

If amending any other informati	ion, enter change(s) here: (Attach additional sheets, if necess	ary.)
		<del></del>
	,	
		,
Effective data if other than the	date of filing: (option to date of filing or more than 90 days after file specific and cannot be prior to date of filing or more than 90 days after file.	nal)
Note: If the date inserted in this blo document's effective date on the Do	epartment of State's records.  I effective date, but not an effective time, at 12:01 a.	mac with the trace of the
Dated August 14	2017	****
Dated	-k	2017 AUG 1 S
<u> </u>	Signature of a member or authorized representative of a member	AUG .
Riley Park		
	Typed or printed name of signee	± 1
	Day 2 of 3	18 9 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Page 3 of 3	구시 💂

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