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04/15/22--01018--005 **25.00

T. MATTHEWS MAY 18 2022

COVER LETTER

TO: Registratio Division of	n Section Corporations		,
SUBJECT:	TJH Hold Name of Lim	ings LLC	
·	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for tiling.	
Please return all corre	espondence concerning this matter	to the following:	
		A Headley Name of Person	
	<i>TJr</i> .	1 Holdings LLC	
		NW 93°0 57	
	Mion	11 Shores FL . City/State and Zip Code	33/50
		The trusted find to be used for future annual repo	
	on concerning this matter, please ca		
Nar	ne of Person	at (<u>305</u>) Area Code D	978 6690 Paytime Telephone Number
Enclosed is a check f	or the following amount:		
\$25.00 Filing Fe	e	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ade</u> Registration		Street Addre	
Division of	on Section of Corporations	Registration Of Division of	n Section `Corporations
P.O. Box	6327	The Centre	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIH AND	injs LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	<u></u>
New Registered Office Address:	Enter Florida street address
_	Florida
	Circ Zio 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.

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
MOR	Todd Headley	20 NW 93'd 5t Micmi Shows, FL 33150	Add
	,	Micmi Stores, FL 33150	□Remove
			□Change
			□Add
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		-	□Change
			□Add
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			□Change

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Signature of a member or authorized representative of a member		
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j.		
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00