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J. HARRIS

## COVER LETTER

то:		tion Section of Corporations	
SUBJEC		Liquidators, LLC	
SUBJEA	C1	Name of Limited Liability Compan	y
The encl	losed Artic	eles of Amendment and fee(s) are submitted for filing.	
Please re	eturn all co	orrespondence concerning this matter to the following:	
		Nicole Medina	1
		Name of Person	<del>:</del>
		JNH Liquidators, LLC	
		Firm/Company	-
		6637 SW 112 Court	
		Address	
		Miami, Florida 33173	
		City/State and Zip C	ode
		jnhliquidators@gmail.com  E-mail address: (to be used for future ar	inual report notification)
For furth	ier informa	ation concerning this matter, please call:	
Nicole M	Medina	305	775-6656
		lame of Person Area Code	Daytime Telephone Number
Enclosed	l is a check	t for the following amount:	
	00 Filing F	•	y Certificate of Status &
	R D P	tegistration Section Region Region Region of Corporations Division of Corporations Division 6327 Clift allahassee, FL 32314 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JNH Liquidators, LLC

(Name of the Limi	ted Liability Company as i	t now appears on our records.) y Company)	
	(A Fromat Emilied Emiline)	y Company)	
The Articles of Organization for this Limited L	iability Company were	filed on June 22, 2017	and assigned
Florida document number L17000136011			
	<del></del> ·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liability e	ompany here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Cor	npany," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:		N-3
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"  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 our records, enter the name of the registered agent and/or the new registered office address here:  Name of New Registered Agent:  Nicole Medina  New Registered Office Address:  Miami  Florida  Zip Code			
		2.	
			S. Ch. Lenen.
•		ST	
•••			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			- <del>-</del>
registered agent and/or the new registered of	ffice address here:	<u> </u>	the name of the new
-	6637 SW 112 Court		<del> </del>
New Registered Office Address:		Enter Florida street address	<del></del>
	Miani		11. <del>7</del> 2
	<del></del>	Florida 🚉	7/3 Co.4s
New Registered Agent's Signature, if changing I		· '	zηrcoue
I hereby accept the appointment as registere provisions of all statutes relative to the propactions of the obligations of my position as registered the obligations of my position as registering filed to merely reflect a change in the secompany has been notified in writing of this	er and complete perfor stered agent as provide registered office addre change.	mance of my duties, and I am jed for in Chapter 605, F.S. Or,	familiar with and if this document is mited liability

GR = M $MBR = M$	Manager Authorized Member		
tle	<u>Name</u>	<u>Address</u>	Type of Action
IGR	Joshua Blattner	6637 SW 112 Ct. Miami,F1 33173	
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). If amen	ding any othe	r informati	on, enter o	change(s) h	iere: (Attac	h additiona	l sheets, if n	ecessary.)		
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document	the date inserted t's effective dat	e on the Depa	artment of S	neet the app State's record	ds.	ory filmg rec	juirements, t	lus date will no	ot be lis	ted as th
the recor The 90	rd specifies a Oth day after	delayed entering the record	effective o d is filed.	date, but r	not an effe	c¢tive time	e, at 12:01	. a.m. on th	e earli	er of:
Dated	ly 27	<b>.</b>		2017						
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	Nicole Medin		gnature of a i	member or au	thorized repre	sentative of a	member	All ASS	JUL 31	ennes.
			<u> </u>	Typed or pri	nted name of:	signee	<del></del>		<u> </u>	17
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Filing Fee: \$25.00