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(Re	equestor's Name)					
(Ad	idress)					
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:						
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JR HACG Cowiting Name of Limited Liability Com	pany
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Richard K Name of Pe	rson
JRHACG CONUIT	ing LLC
10091 ArnAwi	
Boynton Beach City/State and Z	
City/State and Z RAFIMON 720 C E-mail address: (to be used for future)	out bok. (m
For further information concerning this matter, please call:	
Richard KATZ at (78) Name of Person Area Co	Daytime Telephone Number
Name of Person Area Co	ode Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee S55.00 Filing Fee Certificate of Status Certified C (additional co	
	TREET/COURIER ADDRESS: egistration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company us it now appears on our records.)

(Name of the Limited Liab	ility Company as	it now appea	rs on our records.)	
	ida Limited Liabili			
The Articles of Organization for this Limited Liability	Company were	filed on _	12/15/2017	and assigned
Florida document number 4 7 0010251	6530			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability o	company h	ere:	
The new name must be distinguishable and contain the words "L	imited Liability Co	ompany," the o	designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	ORESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad Name of New Registered Agent: New Registered Office Address:			rida street address	JAN 16 PM 99 08 the name of the
	(City	, Florida	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	1		•
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered the being filed to merely reflect a change in the register company has been notified in writing of this change	complete perfo agent as provid red office addr	ormance of ded for in (my duties, and I am J Chapter 605, F.S. Or,	familiar with and if this document is
	If Changing I	Registered Ac	ent. Signature of New Re	gistered Agent

If amending or removed	Authorized Person(s) authorized to in from our records:	manage, enter the title, name, and address o	of each person being added
MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		1009/ Arnaw, Dr B. ytur Deach 23417	Remove
			Change
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			Remove
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			🗀 Remove
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Íf ameno	ding any otl	ner informati	on, enter	r change(s) here: <i>(</i> /	Attach ad	ditional sh	eets, if nec	essary.)		
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Effective	date, if oth	er than the d	ate of fili	ing:				(anti	onal)		
(If an effecti <u>Note:</u> If t	ive date is liste the date inser	d, the date must be ted in this bloc late on the Dep	e specific a k does no	and cannot be t meet the a	applicable	te of filing o statutory f	r more than lling requir	90 days after	filing.) Purs	munt to 605.0 not be listed)207 (1 I as th
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Filing Fee: \$25.00