## 418000047074

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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(Do	ocument Number)	
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## COVER LETTERS

TO;	Registration Section Division of Corporations
UBJE	JHB Custom Trim LLC
0.501	Name of Limited Liability Company
Γhe en	osed Articles of Amendment and fee(s) are submitted for filing.
lease	eturn all correspondence concerning this matter to the following:
	Michele Stemrich
	Name of Person
	JHB Custom Trim
	Firm/Company
	850 Indigo St
	Address
	Fernandina Beach FL 32034
	City/State and Zip Code
	office@johnsonhomebuilders.com
	E-mail address: (to be used for future annual report notification)
For fur	ner information concerning this matter, please call:
Michel	Stemrich 904 583-9456 at ( )
	Name of Person Area Code Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

**MAILING ADDRESS:** 

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25,00 Filing Fee

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

## STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JHB Custom Trim LLC

(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing document number L18000047074	any were filed on 2-23-2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
Enter new mailing address, if applicable:	<del>.</del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		<b>2018</b> 381 171
Name of New Registered Agent:		A A A A A
New Registered Office Address:	Enter Florida street address , Florida	R 26 PR SSEE. FLORI
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	2 o

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>	<u>Address</u>	Type of Action
MGR	Kevin Johnson	96082 Estate Dr	□ Add
		Yulee FL 32097	■ Remove
		<del></del>	□ Change
			Add
			□ Remove
		No. of the Control of	Add
		aggint a second of the second	Remove
		Ch	Change
			Add
			Remove
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			☐ Remove
			□ Change

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	STATE STATE (optional)
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory fil ument's effective date on the Department of State's records.	r more than 90 days after filing.) Pursuant to 605.
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	e time, at 12:01 a.m. on the earlie
ed March 21 , 2018	
Jan Mr	

Page 3 of 3

Filing Fee: \$25.00