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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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ECRETARY OF STATE LAHASSEE, FLORIDA

N COOPER MAY 01 2018

COVER LETTER

TO:	Registration Section Division of Corpora			
SUBJE	CT:	Jaydon	H LLC	
5(7502	<u>_</u>	Name of Limit	ed Liability Company	
The end	closed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please 1	eturn all corresponder	nce concerning this matter to	o the following:	
		Hoan	Name of Person	
	-		Firm/Company	
	-	2316 (Bellarosa C	i <u>p</u>
		West Pa	Im Bch FL City/State and Zip Code	33411
	_	E-mailyaddress: (10	87 @ yahop Co be used for future annual report notifica	tion)
For fur	ther information conc	erning this matter, please ca	II:	
	Hoana Name of Per	Son	at (<u>561</u>) <u>514 – Area Code Daytime T</u>	elephone Number
Enclose	ed is a check for the fo	ollowing amount:		
\$25	5.00 Filing Fee [□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

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STREET/COURIER ADDRESS:

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 Compa (A Florida Limited	any as it now appears (on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 1800052758.			<u>DI</u> and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here	<u>:</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the des	ignation "LLC" or the ab	breviation "L.L.C,"
Enter new principal offices address, if applicable:	19170		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			SECRETAR ALL AHASS 18 APR 30
(Mailing address MAY BE A POST OFFICE BOX)			PR 3
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Floride	a street address	
		. Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>		

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
TEST -	Hoang, aux	2316 Betta Rosa C	Add
	G ,	WPB, FL 33414	Remove
	_		Change
MGR	Hoarg, Quy	2316 BellaRosa Gr WPB, FL 33414	N Add
()	O ()	WPB , FL 33414	□ Remove
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(If an effecti	ive date is listed,	r than the dat the date must be ed in this block	specific and	cannot be pi	ior to date of t	filing or more t	han 90 days af	tional) ter filing.) Pursu his date will no	ant to 605.0.
document	t's effective da	te on the Depar	tment of S	tate's recor	ds.	,	1		
the recor) The 90	rd specifies Oth day afte	a delayed ef r the record	fective d is filed.	ate, but	not an effo	ective time	e, at 12:01	a.m. on th	e earlier
Dated	April	23		2019	}				
	- Hor	Dom. L		<i>p</i> ~0 ()	<u> </u>				
	X	JUNIU/Sign	ature of a n	nember or a	thorized repre	esentative of a	member	· · · · · · · · · · · · · · · · · · ·	
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Filing Fee: \$25.00