

L18000 128402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

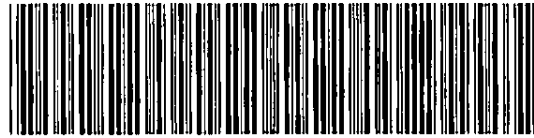
(Business Entity Name)

(Document Number)

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2018 JUN -6 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BURNS & SEVERSON, P.A.

LAWYERS

400 COLUMBIA DRIVE, SUITE 100
WEST PALM BEACH, FLORIDA 33409

OR

MAILING ADDRESS:

P.O. BOX 349
WEST PALM BEACH, FLORIDA 33402

TELEPHONE (561) 687-2003

FAX (561) 687-8103

WWW.BURNSANDSEVERSON.COM

JOHN L. BURNS (1925-2009)

JOHN M. SEVERSON

Florida Bar Board Certified, Wills, Trusts & Estates

Fellow, American College of Trust & Estate Counsel (ACTEC)

ERIC R. SEVERSON

L.L.M., Elder Law

May 31, 2018

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

Re: JHRPB, LLC

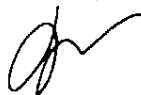
Dear Sir/Madam:

Please find enclosed with this correspondence, a cover letter and Articles of Amendment of JHRPB, LLC. I am also enclosing a check in the amount of \$55.00 in payment of the filing fee of the Amendment, together with a certified copy.

In the event any questions should arise, please advise.

Thanking you in advance for your assistance in this regard, I am

Sincerely,



John M. Severson

JMS:ema

Enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JHRPB, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John M. Severson

Name of Person

Burns & Severson, P.A.

Firm/Company

P.O. Box 349

Address

West Palm Beach, FL 33409

City/State and Zip Code

jms@burnsandseverson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John M. Severson

561

687-2003

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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

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**

JHRPB, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 22, 2018 and assigned
Florida document number 118000128402.

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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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 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>	<u>Type of Action</u>
AP	John M. Severson	400 Columbia Drive	<input type="checkbox"/> Add
		West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jay H. Rossbach	C/O Burns & Severson, P.A.	<input checked="" type="checkbox"/> Add
		400 Columbia Drive	<input type="checkbox"/> Remove
		West Palm Beach, FL 33409	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2000 JUN -4 AM 11:21
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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 25.2.14

Signature of a member or authorized representative of a member

Jay H. Rossbach

John M. Severson

Typed or printed name of signee