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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: hirteris J. Johnson, 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:
hurteris Jamal Johnson
Name of Person
hurteris J. Johnson, LLC
Firm/Company
P.O. 130x 2125
Pinellas Park, 71 33780.
City/State and Zip Code
For further information concerning this matter, please call:
Rhyan Cyr
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{\$\Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ \text{\$\Bigcup \text{\$55.00 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

RTICLES OF ORGANIZA

hurteris J. J	ohnson, 2LC
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 18000277949</u> .	pany were filed on Novery be 30 and assigned
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 OVEN be 30 and assigned Florida document number L 18000277 9 4 9 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 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 meregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address.	
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 l	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	<u>s</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the new
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 = Mai AMBR = Aut	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGK=	Elhyan Cyr	21 Queen Street	_ Mdd
	, ,	Barre, VI 05641	□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			□ Add
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			_□ Remove
			□ Change

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Effective date, if other than the date of filing:	207 (3) as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier b). The 90th day after the record is filed.	of:
Dated January 29th 2019.	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00