119000002282

(Red	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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WELLBAUM & EMERY, P.A.

LORI WELLBAUM EMERY R.W. WELLBAUM, JR. (1943-2018)

686 NORTH INDIANA AVENUE Englewood, Florida 34223 TELEPHONE (941) 474-3241 FAX (941) 475-2927

June 13, 2022

TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: JLH CONSULTING

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

Please return all correspondence concerning this matter to the following:

Lori Wellbaum Emery Wellbaum & Emery, P.A. 686 N. Indiana Avenue Englewood, Florida 34223

For further information concerning this matter, please call:

Lori Wellbaum Emery at (941) 474-3241

Enclosed is a check for the following amount:

Filing Fee & Certificate Status

✓ \$25.00 filing fee ___\$30.00 Filing Fee ___\$55.00 Filing Fee & Certified Copy (add I

copy is enclosed)

\$60.00 Filing Fee. Certificate of Status & Certified Copy (add'l copy

is enclosed)

LWE/ar Enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLH CONSULTING ENTERPRISES, 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 (Florida document number L19000002282	Company were filed on 12/28/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	···	<u> </u>
(Principal office address MUST BE A STREET ADD		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	· ·	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
		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 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

Title	Name	Address	Type of Action
ΛR	Elizabeth U. Haraf	6 St. Martin Circle	
		Englewood, FL 34223	≅Remove
			(DChange
MGR	Elizabeth U. Haraf	6 St. Martin Circle	= Add
		Englewoood, F1. 34223	□Remove
			:: Change
			
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Filing Fee: \$25.00