

L190000 51855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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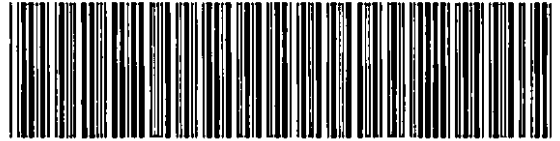
(Business Entity Name)

(Document Number)

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2019 APR -8 PM 2:36

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Amend/CC

APR 15 2019  
ALBRITTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JH FUND, 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:

Kimberly A. Colgate

\_\_\_\_\_  
Name of Person

Kimberly A. Colgate, P.A.

\_\_\_\_\_  
Firm/Company

6981 Curtiss Ave., Suite 2

\_\_\_\_\_  
Address

Sarasota, FL 34231

\_\_\_\_\_  
City/State and Zip Code

kcolgate@FLLAWYER.com

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

For further information concerning this matter, please call:

Kimberly A. Colgate

941 927-2996  
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**

JH FUND 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 02/21/2019 and assigned  
Florida document number L19000051855.

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>
MGR	Kimberly A. Colgate	6981 Curtiss Ave., Suite 2	<input type="checkbox"/> Add
		Sarasota, FL 34231	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jonah Hanowitz	6151 4th Ave S	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jesse Miller	1465 Hooksett Rd., Unit 77	<input checked="" type="checkbox"/> Add
		Hooksett, NH 03106	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lucas Hanowitz	2629 Coco Plum Dr.	<input checked="" type="checkbox"/> Add
		Matlacha, FL 33993	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kathryn W. Miller	24 Oak Island Road	<input checked="" type="checkbox"/> Add
		Meredith, NH 03253	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Kathryn W. Miller		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

**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.

Dated April 5, 2019

Myra A. Colgate  
Signature of a member or authorized representative of a member

Typed or printed name of signee