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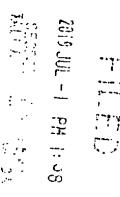
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JAH IT CONSULTING 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 Herman Name of Person
JAH IT CONSULTING LLC Firm/Company
1229 PAR View DR. Address
City/State and Zip Code JHERMAN 3 Q VA hoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohn Herman at (234) 410 -3337 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \&\Bigcup \$55.00 Filing Fee \&\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

.

JAH IT Consulting	LLC	
(Name of the Limited Liability Company (A Florida Limited Liab	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number		
A. If amending name, enter the new name of the limited liabilit	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L.L.C." 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 registered agent and/or the new registered office address here:		iev
	70	
Name of New Registered Agent:	7.41	
Nov. Projetored Office Address:	2010	
New Registered Office Address:	Enter Florida street address	,
<u></u>	, Florida	_
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is	the

If Changing Registered Agent, Signature of New Registered Agent

if afficiting Additionzed i crosting) additionzed to manage, enter or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> Title Name John HERMAN 1229 PAR View DR NAdd
SANibel, FL 33957 Remo ☐ Change ☐ Add ☐ Remove □ Change □ Add Remove □ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove

☐ Change

Add John HERMAN AS MANAGER	10			
Add John HERMAN AS MANAGEA JAH IT Copsulting LLC	_			
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Effective date, if other than the date of filing:	ptional after filing , this date	g.) Puršiu	ant to 605 or be list	5.0207 (
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the record specifies a delayed effective date, but not an effective time, at 12:0) The 90th day after the record is filed.)1 a.m.	on th	e earli	er of:
Dated $\frac{\frac{28}{29}, 99}{\frac{9}{9}}$.				
Dated 6 28 29 h 9				

Page 3 of 3

Filing Fee: \$25.00