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COVER LETTER

TO:	Registration Sec Division of Corp			;
SUBJE	cr: <u>JJH</u>	ENTERPRI Name of Limi	SE LLC ited Liability Company	
The end	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		Jordan	J. Hoover	
			Hernise LL Fim/Company	
		7433 Hu	Address	
		Freeport	F\ 3243 City/State and Zip Code	9
		Revol E-mail address: (1	e e e used for future annual report notific	ation)
For furt	her information co	ncerning this matter, please ca	all:	
<u>J</u>	Name of	Hower	at (850) 855 - Area Code Daytime	은 등 년
Enclose	d is a check for the	following amount:		
■ S25	.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

2

JUH ENTE	ERPRISE	LLC	
	iability Company as it now appears or Torida Limited Liability Company)		29
The Articles of Organization for this Limited Liabi		MAR	19 and assigned
Florida document number <u>L 190000 70</u>	412		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limited liability company here:	:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the desig	nation "LLC" or the	abbreviation "L.L.C."
•		,	
Enter new principal offices address, if applicable			<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	•	ur records, <u>ent</u>	er the name of the new
Name of New Registered Agent:		<u> </u>	
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 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lordan Hoover	7433 Hay 20 West	
		Freeport, F1 32439	Z Remove
			Change
MGR	Jessica Hower	7433 Hwy 20 West	
		Freeport F1 3243	Remove
			Change
			□ Add
			Remove
			Change
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