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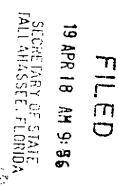
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(Business Entity Name)
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## **COVER LETTER**

TO:	Registration Section Division of Corpo			
SUBJI	ect: <u>JJH</u>	ENTERRISE (	ited Liability Company	<del></del>
The en	closed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		Jessica C.	Hower Name of Person	
		- 33HEINICOPE	Firm/Company	
		7433 Highu	Day 20 West Address	
			City/State and Zip Code	<del></del>
		したのみい ANDJE E-mail address: (1	FSSICAHOOV BE @ 9m to be used for future annual report notifi	ication)
For fur	ther information con	cerning this matter, please ca	all:	
7 <u>e</u> 8	SIC A TOOK Name of P	erson	at ( 855 ) 855 · Area Code Daytime	E818 Telephone Number
Enclos	ed is a check for the	following amount:		
<b>\$</b> 2	5.00 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

UNAME OF the Limited Liabil	RPRISE LI lity Company as it now appears on our da Limited Liability Company)	records.)			
The Articles of Organization for this Limited Liability of Florida document number 19000704	Company were filed on 12 从	•			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company here:				
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designatio	n "LLC" or the abbreviation "L.IC."			
Enter new principal offices address, if applicable:	<del></del>				
(Principal office address MUST BE A STREET ADD	RESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED  9 APR 18 AM 9: 86  ECAL TAKE OF STATE LAHLASSEEL FLORIDA			
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jordan Joseph Howe	r 7433 Huy 20 West Freeport F1, 32439	1
			□ Remove
MGR	Jessica Christiansen Hoover	7433 Hwy 20 We Freeport FL, 32439	∆¥ <b>a</b> Add
	170000		Remove
NGR	Harlen Just at House	1607 A-Line St.	Change
		LOOKERT, NC ZEOZT	Remove
		SECRE FALL SH	Change
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t effective date is listed, te: If the date inserted	he date must be specific d in this block does n	and cannot be prion of meet the appli	r to date of filing o cable statutory fi	r more than 90 days	after filing.) Pu	rsuant to not be	605.02 listed :
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