Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

: (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ੂੰ Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JLH LEGAL SOLUTIONS, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLH Legal Solutions, LLC		
(Name of the Limited L. (A F	iability Company as it now appears on our records.) forda Lumted Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L19000096576	ity Company were filed on 04/08/2019	and assigned
This amendment is submitted to amend the following	ng:	
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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
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 A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ento</u> <u>address here</u> :	26 F
Name of New Registered Agent:		7 E 65
-		35 UI
New Registered Office Address:	Enter Florida Mreet 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
AMBR	Marcus Robinson	7901 4TH ST N STE 300	🗖 Add
		ST. PETERSBURG, FL 33702	
			Change
AMBR	Robert Heath	7901 4TH ST N STE 300	☑ Add
		ST. PETERSBURG, FL 33702	Remove
			Change
			Add
			Remove O Charles
			D'Add C
			O-Remove:
			U Change
			Change
			☐ Remove
			Change

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			25 S
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior tote: If the date inserted in this block does not meet the applic ocument's effective date on the Department of State's records	rio date (if filling of the cable statutory filling	re than 90 days after	onal) r filing.) Pursuant to 605.026 s date will not be listed a
e record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective ti	me, at 12:01	a.m. on the earlier
July 26 2019			
Signature of a member or auth	ionzed representative	of a member	
• • • • • • • • • • • • • • • • • • • •	•		

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Filing Fee: \$25.00