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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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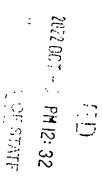
Office Use Only

A. RIVERS DEC 2 2 2022



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## COVER LETTER

TO:

| TO: Registration S<br>Division of Co |  |   |   |
|--------------------------------------|--|---|---|
| JNJ Expec                            |  |   |   |
| SUBJECT:                             |  | mted Liability Company  |   |
| The enclosed Articles o              | f Amendment and fee(s) are sul               | bmitted for filing.   |   |
| Please return all corresp            | ondence concerning this matter               | to the following:   |   |
|                                      | Dan Le                                       |   |   |
|                                      |  | Name of Person  |   |
|                                      | JNJ Expedite LLC                             |   |   |
|                                      |  | Firm/Company  | <del></del>   |
|                                      | 5856 Se Tangerine Blvd                       |   |   |
|                                      |  | Address   | •   |
|                                      | Stuart, FL 34997                             |   |   |
|                                      | <del></del>                                  | City/State and Zip Code   |   |
|                                      | dalco_1@bcllsouth.net                        |   |   |
|                                      |  | to be used for future annual report no                              | tification)   |
| for further information of           | concerning this matter, please c             | all:  |   |
| Dan Le                               |  | 561 563-3207<br>at ()   |   |
| Name o                               | of Person                                    |   | ne Telephone Number   |
| Inclosed is a check for t            | he 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres Registration S        |  | <u>Street Address:</u><br>Registration Se                           | ection  |
| Division of C                        |  | Division of Co.   |   |
| P.O. Box 632                         | .7   | The Centre of   | Tallahassee   |
| Tallahassee, l                       | FL 32314                                     | 2415 N. Monro   | e Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Home Fix Plus LLC   |  |
|---|--|
| ( <u>Name of the Limited Liability Comp</u><br>(A Florida Limited   | any as it now appears on our records.)<br>Liability Company)       |
| The Articles of Organization for this Limited Liability Company   | y were filed on 4-29-2019 and assigned                             |
| Florida document number L19000115973  |  |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited liab   | pility company here:   |
| JNJ Expedite LLC  |  |
| The new name must be distinguishable and contain the words "Limited Liabi   | ility Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 5856 SE Tangerine Blvd   |
| (Principal office address MUST BE A STREET ADDRESS)   | Stuart, FL 34997   |
|   |  |
| Enter new mailing address, if applicable:   | 5856 SE Tangerine Blvd   |
| (Mailing address MAY BE A POST OFFICE BOX)  | Stuart, FL 34997   |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the name of the new registere        |
| Name of New Registered Agent:   |  |
| New Registered Office Address:  | Enter Florida street address                                       |
|   | Florida  |
| 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 Hability company has been notified in writing of this change.

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 = | <b>Authorized Member</b> |

| <u>Title</u> | Name | Address     | Type of Action |
|--------------|------|-------------|----------------|
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| Effective date, if other than the date of filing:  September 29, 2022 (optional)  If an effective date, it isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as idecument's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the rid is filed.  Dated  September 29 2022  Signature of a member or authorized representative of a member  |   |   |  |                         |                          |                                 |
|--|---|---|--|-------------------------|--------------------------|---------------------------------|
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| Signature of a member or authorized representative of a member   | fan effective date is listed, t<br>Note: If the date inserted<br>document's effective date<br>erecord specifies a delaye                    | I in this block does not<br>e on the Department of                              | State's records.   |                         |                          | te will not be listed as (      |
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