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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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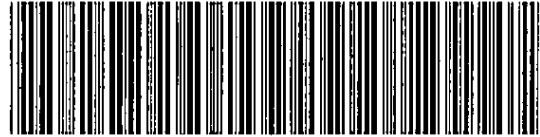
(Business Entity Name)

(Document Number)

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2019 OCT 20 PM 12:55

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OCT 07 2019

COVER LETTER

TO: Registration Section
 Division of Corporations

SUBJECT: JHM COMMERCE & INVESTMENTS 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:

Alexis Martinez

Name of Person

JHM COMMERCE & INVESTMENTS LLC

Firm/Company

8567 SW 24th ST. #2563

Address

Miami, Fl. 33155

City/State and Zip Code

amartinez@jhm-group.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Martinez	786	5219745	
	at ()	
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy
<i>(additional copy is enclosed)</i> | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy
<i>(additional copy is enclosed)</i> |
|---|--|--|---|

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**

JHM COMMERCE & INVESTMENTS LLC

2019 SEP 20 PM 12:55

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 28, 2019 and assigned Florida document number L19000142503

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 "L.L.C."

Enter new principal offices address, if applicable:

8567 SW 24th ST. #2563

(Principal office address MUST BE A STREET ADDRESS)

Miami, Fl. 33155

Enter new mailing address, if applicable:

8567 SW 24th ST. #2563

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Fl. 33155

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ALEXIS MARTINEZ

New Registered Office Address:

8567 SW 24th ST. #2563

Enter Florida street address

Miami

Florida 33155

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEXIS MARTINEZ	8567 SW 24th ST. #2563, Miami, Fl 33155	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	JHM HOLDINGS GROUP LLC.	4055 SW 7th ST. Coral Gables, Fl. 33134	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Blank lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated AUGUST 30 2019

Signature of a member or authorized representative of a member

HAROLD ACEBO

Typed or printed name of signee