L190000143516

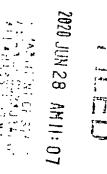
(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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Office Use Only



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06/01/20--01009--017 **25.00



S. YOUNG



June 18, 2020

JAN H STAHL J.H.S. RENTALS 1122 NE 18TH AVENUE FORT LAUDERDALE, FL 33304

SUBJECT: J.H.S. RENTALS L.L.C Ref. Number: L19000143516

We have received your document for J.H.S. RENTALS L.L.C and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

J.H. ENTERPRISES LLC - L0100001180

Please return your document, along with a copy of this letter, within 60 days or

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 520A00012091

DSDS 85 NUL RECEIVED

COVER LETTER

TO: Registration Section	•
Division of Corporations	
SUBJECT.	S Rentels
(Name of	Limited Liability Company)
The enclosed member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to:
JAN'H STAHL	
(Contact Person)	
J.H.S. RENTALS	
(Firm/Company)	
1122 NE 18TH AVE	
(Address)	
FORT LAUDERDALE FL 33304	
(City/State and Zip Code)	
For further information concerning this r	natter, please call:
JAN H STAHL	954 568-2800 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payat ☐ \$25 Filing Fee	ole to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20

		20	
		-, '	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	N	
	5/40/2010	<u> 19</u> 54 . gr i	
The Articles of Organization for this Limited Liability C	Company were filed on 3/19/2019	and assigned	
Florida document number L19000143516	<u></u> .	9	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
HERENTERPRISE Henri	drik Enzophises	L.L.C.	
The new name must be distinguishable and contain the words "Lim	ited 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 ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	d office address on our records, <u>enter the</u>	name of the new registered	
agent and/or the new registered office address here:			
Name of Navy Design and Assess			
Name of New Registered Agent:	-		
New Registered Office Address:			
	Enter Florida street address		
	Florid		
	Cïţy:	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>	Name	Address	Type of Action
MGR PATRICK MEEGAN	1122 NE 18TH AVE	□ Add	
		FORT LAUDERDALE FL 33304	■Remove
			Change
AMBR PATRICK MEEGAN	1122 NE 18TH AVE	= Add	
	FORT LAUDERDALE FL 33304	□Remove	
		□ Change	
		□ Add	
			□ Remove
		□Change	
		□Remove	
	-	□Change	
			□Add
		□Remove	
		☐ Change	
	-	□Add	
		□Remove	
		□Change	

Typed or printed name of signee