2/8/23, 9:31 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number -(shown below) on the top and bottom of all pages of the document.

(((H23000050583 3))) :



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WHOLE TAX PROFESSIONAL SERVICES, INC.

Account Number : I20200000179

: (786)253-9951

Fax Number

: (305)397-1052

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

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JORGE RAFAEL CARVAJAL, LLC -

Certificate of Status	0
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Page Count	04
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Rage: 2 of 4

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION QF

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(Name of the Limited Liability Compa (A Florida Limited L	hability Company)	
The Articles of Organization for this Limited Liability Company lorida document numberL19000262003	were filed on 10/18/2019	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
5H PROGRAMS, LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		
		······································
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOXI	·	
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, enter the	name of the new regist
	·	
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	10.00 mg -

### 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 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.

H23000050583
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

To:

<u>Title</u>	Name	Address	Type of Action
			□ Add
·			
			□Remove
			Change
· ; · ;			[] Add
			□Remove
			□Change
****			[] Add
			□Remove
•		·	DChange
			(] Ņdd
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		· · ·	☐Clunge
			□Add
			□Келюче
			□Сһяпде
			CJ Add
			CIRemove
			Change

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# HZ3000050583

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