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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. == 5.

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JAN 28 Help

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JHJH LLC	
(Name of the Limited Liability Company as (A Fiorida Limited Liabil	s it now appears on our records.) (ity Company)
The Articles of Organization for this Limited Liability Company were Florida document number L20000004525	re filed on January 7, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
James H. Investments LLC	
The new name must be distinguishable and contain the words "Limited Liability C	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 BOX) B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, enter the name of the new registered
arent and/or the new registered office address fere.	B. C.
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
The state of the s	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	e e e e e e e e e e e e e e e e e e e
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per	o act in this capacity. I further agree to comply with the rformance 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			
			□Remove
			Change
			OAdd
			Remove
			☐ Remove
			□Add
			□ Remove
			☐ Change
			□Remove
			☐ Change
			□ Add
			□ Remove
			- Change

Filing Fee: \$25.00

Typed or printed name of signee