L20000000 5162

(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	HINSON LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The anglocust Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	JILL ROONEY		
	.	Name of Person	
	JM HUTCHINSON LLC		
		Firm/Company	
	2251 LANDMARK PLAC	·E	
		Address	
	MANASQUAN, NJ 08736	5	
		City/State and Zip Code	
	JROONEY@JERSEYMIK	ES.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
JILL ROONEY		732 223-4044 at ()	
Name o	of Person	Area Code Daytimo	: Telephone Number
Enclosed is a cheek 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, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration		Registration Sec Division of Cor	
Division of C P.O. Box 632	-	The Centre of T	
Tallahassee.			e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JM HUTCHINSON LLC		
(Name of the Limited Lial (A Flor	bility Company as it now appears on our re rida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number L20000005162		26, 2019 and assigned
his amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
he new name must be distinguishable and contain the words "I	.imited 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 AD	DRESS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registe gent and/or the new registered office address here		nter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		, Florida
	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>	Type of Action
AMBR	ASHLEY CANCRO	2251 LANDMARK PLACE	
		MANASQUAN, NJ 08736	🗀 Remove
		2251 LANDMARK PLACE	□Change
MGR	EVAN MAYER	MANASQUAN, NJ 08736	
			■Remove
			□Change
			□ v.u
			□Remove
			Change
			□Remove
			□Change
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ffect	ive date, if other than the date of filing: (optional)
an eff	fective date, if other than the date of filing:
ott.	nent's effective date on the Department of State's records.
ocun	
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after t
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