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Amendais

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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
	JHandVPp	roperties LLC				
SUBJI	ECT:	Name of Limit	led Liability Company	<u> </u>		
The en	sclosed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please	return all correspo	ndence concerning this matter t	o the following:			
		JHandVPproperties LLC				
			Name of Person			
		JHandVPproperties LLC				
		16000 Pines Boulvard #82	7211			
	Address					
		Pembroke Pines, FL, 3308	2			
		jhandvpproperties@gmail.c	City/State and Zip Code			
		E-mail address: (t	o be used for future annual report notif	ication)		
For fu	rther information c	oncerning this matter, please ca	M:			
Vikto	oria Polgari	•	954 8226257			
<del></del>	Name o	f Person	at () Area Code Daytime	e Telephone Number		
Enclos	sed is a check for th	ne following amount:				
□ \$2	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 Address:

TO:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

BOWN OF SERVICE SERVIC JHandVPproperties LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 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 "LLC." 16000 Pines Boulvard #827211 Enter new principal offices address, if applicable: Pembroke Pines, FL, 33082 (Principal office address MUST BE A STREET ADDRESS) 16000 Pines Boulvard #827211 Enter new mailing address, if applicable: Pembroke Pines, FL, 33082 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change

). If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an <u>Not</u>	ctive date, if other than the date of filing:
f the rec ecord is	ord 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 filed.
Date	05/20/2020 ed
	Det Det
	Signature of a member or authorized representative of a member  Judit Horvath
	Typed or printed name of signee