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COVER LETTER

TO:

	gistration Se vision of Cor						
oun iczr.	JHN Remodeling & Restoration Services LLC						
SUBJECT:	Name of Limited Liability Company						
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspo	ndence concerning this matter	to the following:				
		Guillermo Perez					
			Name of Person				
		JHN Remodeling & Restor	ration Services LLC				
			Firm/Company				
		8975 Old Pine Way					
		Address					
		Boca Raton, FL 33433					
			City/State and Zip Code				
		aperez8713@gmail.com					
		E-mail address: (to be used for future annual report not	ification)			
For further	information c	oncerning this matter, please ca	all:				
Andres Per	rez		561 305-9101 at ()				
	Name o	f Person		ne Telephone Number			
Enclosed is	a check for th	ne 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)			
	ailing Addres		Street Address: Registration Se	ection			
	_	orporations	Registration Section Division of Corporations				
Р.	O. Box 632	7	The Centre of	Tallahassee			
Τŧ	ıllahassee, I	FL 32314	2415 N. Monro	se Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JHN Remodeling & Restoration Services LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number 1.20000097612	mpany were filed on 04/06/2020	and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRE	<u></u>	
		17 A 10 0 0 1
Enter new mailing address, if applicable:		28
(Mailing address MAY BE A POST OFFICE BOX)		-p
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		94
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	Cin	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>	Address	Type of Action
MGR	Guillermo Perez	8975 Old Pine Way	
		Boca Raton, FL 33433	□ Remove
			Change
MGR	Jhony Ochoa	5708 NW 81st Ter	
		Tamarac, Ft. 33321	□Remove
	 		□ Add
			☐ Change
			□Add
			□Remove
			☐ Change
			☐Add
			
			□Change
			□Add
			□Remove
			□Change

ective	date, if other than the date of filing: (optional)
reffecti	date, if other than the date of filing:
	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
	1/0. 22 2020 /
ted	MAY 22 2020
	Signature of a member or authorized representative of a member
	GUILLERNO PEREZ
	Typed or printed name of signee

Filing Fee: \$25.00