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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	-		
J. H. Warre SUBJECT:	en LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Jonathan Hunter Warren		
		Name of Person	
		Firm/Company	
	8982 Elizabeth Falls Dr.		
	·	Address	
	Jacksonville, FL 32257		
		City/State and Zip Code	
	jhunterwarren@gmail.com	be used for future annual report no	itication)
For further information c	oncerning this matter, please cal	·	
Jonathan Hunter Warr		904 294-7873 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	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)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J. H. Warren 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 Cor Florida document number <u>L20000105279</u>	npany were filed on 04/16/2020	and assign	ied
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	he abbreviation "L.L.C	
Enter new principal offices address, if applicable:		? 02 0	<u>.</u> بوجة:
(Principal office address MUST BE A STREET ADDRE	(22)	HA.	22,
The control of the date of the state of the		1	25.7
Enter your mailing address, if applicables			\$ 3 5
Enter new mailing address, if applicable:		 ω	1 1
(Mailing address MAY BE A POST OFFICE BOX)		——————————————————————————————————————	<u></u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on our records, enter the r	name of the new ro	egister
	, Florida	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
MGR	Jonathan Hunter Warren	8982 Elizabeth Falls Dr.	
		Jacksonville, FL 32257	□Remove
			≡ Change
MGR	Martha A Warren	8982 Elizabeth Falls Dr.	
		Jacksonville, FL 32257	≡ Remove
			☐Change
			□Add
			Remove
		·	□Change
-			□Add
			□ Remove
		<u> </u>	Change
			□ Remove
			□Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing: If an effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date and the specific of the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated April 28 Signature of friember or authorized representative of a member Signature of friember or authorized representative of a member Typed or printed name of signee	_	
Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695,0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record 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 rd is filed. Dated Signature of a friember or authorized representative of a member		
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Signature of a member or authorized representative of a member	Dated _	April 28 2020
Signature of a member or authorized representative of a member		
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00