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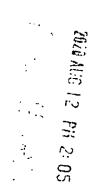
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COVER LETTER

TO: Registration S Division of Co			
Josh Paul	hus, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Marve Ann M. Alaimo, E	sq.	
		Name of Person	
	Porter Wright Morris & A	arthur LLP	<u>~</u> 2
		Firm/Company	- IDA
	9132 Strada Place, Suite 3	301	## BA (3)
		Address	
	Naples, FL 34108		29
		City/State and Zip Code	
	MAlaimo@porterwright.co		
		to be used for future annual report noti	fication)
For further information	concerning this matter, please of	rall:	
Marve Ann M. Alaimo	, Esq.	239 272-6467	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
∠ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	ction
-	Corporations	Division of Cor	
P.O. Box 63		The Centre of T	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Josh Paulhus, LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on July 7, 2020	and assigned
lorida document number L20000212186	_ -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Joshua Paulhus LLC		70.20
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	r the abbreviațion "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDI	RESS)	
		_:
		· ·
Enter new mailing address, if applicable:		05
	-	
Mailing address MAY BE A POST OFFICE BOX)		
		
3. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	27.1.	
	Florid	daZip Code
	c nb.	zīp 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>	Name	Address	Type of Action
			Remove
			C Change
			Add Remove
			Thange
<u></u>			
			TChange
		TRemove	
		Change	
			Change

amending any other information, enter change(s) here:	(Antier Manner Micelly, y Accellary, y
	2
	73
	05
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the applical ocument's effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605,020 ble statutory filing requirements, this date will not be listed a
ecord specifies a delayed effective date, but not an effective tin is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
nted August 5	<u></u>
Signature of a member or author	ized representative of a member
<i>'</i>	

Filing Fee: \$25.00