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COVER LETTER

TO: Registration Se Division of Cor				
JH ALLIA	NCE LLC			
SUBJECT:	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	-		
	SANTA LOPEZ HOSTO	S		
		Name of Person		
	JH ALLIANCE LLC			
		Firm/Company		
	13249 JADE GARDEN D		·····	
		Address		
	ORLANDO FL 32824			
	shostos49@gmail.com	City/State and Zip Code		
For further information of	E-mail address: (oncerning this matter, please c	to be used for future annual report notification all:		
SANTA LOPEZ HOSTO	OS	904 309-4298	2020 SEP 14 TALL ARA	-F-J
Name o	f Person	Area Code Daytime Telepi	hone Number	, e ia
Enclosed is a check for th	ne following amount:			
量 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certified Copy (additional copy is enclosed)	

Mailing Address:
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

JH ALLIANCE LLC			_	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)			
The Articles of Organization for this Limited Liability Company lorida document number	were filed on	and	1 assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviatio	n "L.L.C	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)	13249 JADE GARDEN DR APT 1	06 ORLANI) (閏 .3	2824
			33	1
		355		. (
nter new mailing address, if applicable:		ز بینز زاری	<u>-</u>	
•		•;;	===	CEST
Mailing address MAY BE A POST OFFICE BOX)				14.02
		<u></u>	<u>- (1)</u>	
. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the	new re	egiste
New Registered Office Address:	Enter Florida street address			
	, Florid:	3i	'ode	

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 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	SANTA LOPEZ HOSTOS	13249 JADE GARDEN DR APT 106 Orlando t	1 32824 ■Add
			□ Remove
			□ Change
MGR	JOSE F JIMENEZ	455 E 138TH ST 2N BRONX, NY 10454	□ Add
			≡ Remove
			□Change
			□Add
			□Remove
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		7. 5 <u>7</u>
Effective date, if other than the officer of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of fi ck does not meet the applicable statute	(optional) iling or more than 90 days after filing.) Pursuant to 605.0207 ory filing requirements, this date will not be listed as
e record specifies a delayed effective rd is filed.	date, but not an effective time, at 12:0	01 a.m. on the earlier of; (b) The 90th day after the
Dated September 04,	2020	
Sasta	_0 1/ 1	-

Filing Fee: \$25.00

Typed or printed name of signee