## 120000376886

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## **COVER LETTER**

TO: Registration Se Division of Cor			
77	MHCOILC		
SUBJECT:ユ	MHCO, LLC Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Raymond M.	Name of Person	
	JIMHCO,	Firm/Company	<del></del>
	831 NE 20	th Ale Address	
	Fort Lauder	dale FL 33304 City/State and Zip Code	<del></del>
	E-mail address:	ern waters capital. to be used for future annual report notif	· ( vM tification)
For further information co	oncerning this matter, please ca	all:	
Raymond A	luzzie	at ( 324 ) 368 – Area Code Daytime	0/03
Name 0	i i erson	Alea Code Dayline	. retephone removes
Enclosed is a check for th	ne following amount:		
≯ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

JIMHCO, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our reco imited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con Florida document number <u>4 2000 276886</u>		ozo and assigned
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 "Limited	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRE.	Fort Laudenda	Ave le, FL 33304
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
<u> </u>		Florida
	City	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 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
MGR	Dean Myerow	3330 NE 15th CT Fort Laudon	Jule, FL 33304
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record specifies a delayed e	ffective date, but no	ot an effective time	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
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Filing Fee: \$25.00