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COVER LETTER

Registration Section

Division of Corporations

TO:

JHOP Renta	ls LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Paul Masongsong		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	JHOP Rentals LLC		
		Firm/Company	 -
	16731 SW 62 Street		
		Address	
	Southwest Ranches, FL 33	331	
		City/State and Zip Code	
	paul.masongsong@gmail.co		
	E-mail address: (to be used for future annual report notif	cation)
For further information c	oncerning this matter, please c	all:	
Paul Masongsong		305 321-6552	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fce & 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 Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Second Division of Coron The Centre of Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JHOP Rentals LLC			
(Name of the Limited Liz (A Fl	ability Company as it now a prida Limited Liability Comp	ppears on our records.) any)	
e Articles of Organization for this Limited Liabili	and assigned		
orida document number L20000296706			
nis amendment is submitted to amend the followin	g:		~)
If amending name, enter the new name of the	limited liability compa	<u>ny here</u> :	2020 09/h
a		u a di ai ai ar a con - a	abbassista Par
e new name must be distinguishable and contain the words	"Limited Liability Company,	the designation "LLC" of the	e aobreviațion
nter new principal offices address, if applicable	: <u>n/a</u>		
rincipal office address MUST BE A STREET A			
nter new mailing address, if applicable:	n/a		
Mailing address MAY BE A POST OFFICE BOX	 vo		
Maining address MAT BE ATOST OFFICE BOX	<u></u>		
. If amending the registered agent and/or regis gent and/or the new registered office address h	stered office address on ere:	our records, enter the r	name of the new regist
Name of New Registered Agent:	/a		
New Registered Office Address:	n/a		
11011 1105101010 - 111102 111102	En	nter Florida street address	
ı	n/a	, Florida	a
-	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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jessica Masongsong	15649 SW 99 TERRACE	□Add
		MIAMI, FL 33196	≅ Remove
			Change
AMBR	Jessica Ramirez	15649 SW 99 TERRACE	■ Add
		MIAMI, FL 33196	~
			1200 Remove
			Change
			
			□Remove
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