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(Re	equestor's Name)	
(Ad	ldress)	
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(Do	ocument Number)	
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COVER LETTER

Division of Co			•
Jericho Ho	oldings LLC		,
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Marci Uricola		
		Name of Person	
	Jericho Holdings LLC		
		Firm/Company	
	4304 Diamond Way		
		Address	
	Weston FL 33331		
		City/State and Zip Code	
	marcinicole@att.net E-mail address: (to be used for future annual report notific	cation)
For further information	concerning this matter, please co		
Marci Uricola		954 6810611	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre		<u>Street Address:</u> Registration Sect	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jericho Holdings LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number L20000377276	/ were filed on 1/13/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-0
	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u> o	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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>	<u>Name</u>	Address	Type of Action
AMBR	Haley Hunt	4304 Diamond Way Weston FL 33331	□Add
			Remove
			Change
			□Remove
			Add JUL
			☐ Romove
			PA □Change □
			語 三 一 四 Add
			□Remove
			🗀 Change
			Remove
			□Change
			□Add
			Remove
			□Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of f e: If the date inserted in this block does not meet the applicable statut ument's effective date on the Department of State's records.	(optional) illing or more than 90 days after tiling.) Pursuant to 605.020 tory filing requirements, this date will not be listed a
cord specifies a delayed effective date, but not an effective time, at 12: s filed.	01 a.m. on the earlier of: (b) The 90th day after th
ed July 8	
	esentalive of a member

Filing Fee: \$25.00