K21000089628

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COVER LETTER

TO:

TO: Registration Se Division of Cor					
JMH MAR	INE, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Patricia Nicholson				
		Name of Person			
	JMH Marine, LLC	_			
		Firm/Company			
	1790 SW 13th Court				
		Address	<u>cc</u>	20	
	Pompano Beach, Florida 3	3069	TALL	22 OC	:
		City/State and Zip Code		-	3
	trish@accudock.com	to be used for future annual report notification)	<u>~~</u>	7	
For further information e	oncerning this matter, please c			2022 OCT 17 PH 2:	
Patricia Nicholson		954 785-7557	<u> </u>	<u> </u>	
Name o	f Person	Area Code Daytime Telepho	one Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is en	uus &	
<u>Mailing Addres</u> Registration S		Street Address: Registration Section			
Division of C	Corporations	Division of Corporatio			
P.O. Box 632		The Centre of Tallahas 2415 N. Monroe Street			
Tallahassee, !	FL 32314	2413 IN. MONIOC SUCC	i, suite oro		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMH Marine, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.21000089628	were filed on $\frac{02/2}{2}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company her	<u>5</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity Company."	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ords, enter the name of the new registere
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
Manager	Jason Harrison	1437 NE 54th Street, Fort Laudedale, FŁ. 33334	= Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
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Filing Fee: \$25.00