Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FORTUNA & ASSOCIATES TAX SERVICES

Account Number : I20210000098 Phone : (305)728-2377 Fax Number : (302)728-2378

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Fortung Taxprose gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JHC CONSTRUCTION & ENGINEERING LLC

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| Certified Copy        | 0       |
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Corporate Filing Menu

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14/1

From: Alvaro Alvarez

To:

## **COVER LETTER**

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| JH<br>SUBJECT:  | C CONSTRUCTION & ENGINEERI             | NG LLC   |                          |
|---|--|--|--------------------------|
| Division of Corporations  JHC CONSTRUCTION & ENGINEERING LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  CIRA HULSE  Name of Person  JHC CONSTRUCTION & ENGINEERING LLC  Firm/Company  985 NE 151 ST  Address  NORTH MIAMI FL 33162  City/State and Zip Code  john_snow_72@icloud.com  B-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call: |  |  |                          |
| The enclosed Ar   | ticles of Amendment and fee(s) are sui | bmitted for filing.  |                          |
| Please return all   | correspondence concerning this matter  | r to the following:  |                          |
|   | CIRA HULSE                             |  |                          |
|   | ************************************** | Name of Person   |                          |
|   | JHC CONSTRUCTION &                     | ENGINEERING LLC  |                          |
|   |  | Firm/Company   |                          |
|   | 985 NE 151 ST                          |  |                          |
|   |  | Address  |                          |
|   | NORTH MIAMI FL 3316                    | 2  |                          |
|   |  | -  |                          |
|   |  |  |                          |
| For further inform  |  |  | eport nodification)      |
| Cira Hulse  |  | 305 934.<br>at ( )   |                          |
|   | Name of Person                         | Area Code  | Daytime Telephone Number |
| Enclosed is a chec  | k for the following amount:            |  |                          |
| ■ \$25.00 Filing  | Fee                                    | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is exclu- | Certificate of Status &  |

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

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| (A Florid  | ty Company as it now appears on our reco<br>a Limited Liability Company)   | erds,)  |
|--|--|---|
| The Articles of Organization for this Limited Liability C Florida document number L21000198825             | company were filed on 04/27/2021   | and assigned  |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the limi  | ted liability company here:  |   |
| The new name must be distinguishable and contain the words "Limi   | ited Liability Company," the designation "Li   | .C" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |  | eti.  |
| (Principal office address MUST BE A STREET ADDR  | ESS)   | 77 29 22  |
|  |  | 22  |
|  | ***  |   |
| Enter new mailing address, if applicable:  |  | FIL<br>-7<br>SSI  |
| Mailing address MAY BE A POST OFFICE BOX   |  |   |
|  |  | 70  |
|  |  | —————————————————————————————————————   |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, <u>ente</u>   | r the name of the new register  |
| Name of New Registered Agent:  |  |   |
|  |  |   |
| New Registered Office Address:   | Enter Florida street addre   | rsu -   |
| New Registered Office Address:   |  |   |
| New Registered Office Address:   |  | lorida _  |
|  | City F   | loridaZip Code  |
| New Registered Agent's Signature, if changing Registered   | City F   | Zip Code  |
|  | City  Agent:  Agent:  And agree to act in this capacity. I filter  implete performance of my duties, a  ent as provided for in Chapter 605 | Zip Code  urther agree to comply with to  und I am familiar with and  F.S. Or if this document is |

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Fax: (850) 617-6383

## 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

| AMBK = /     | Authorized Member  |                       |                |
|--------------|--------------------|-----------------------|----------------|
| <u>Title</u> | Name               | Address               | Type of Action |
| MGR          | CIRA HULSE         | 985 NE 151 St         | (DAJki         |
|              |                    | NORTH MIAMI, FL 33162 | ■ Remove       |
|              |                    |                       | Change         |
| MGR          | JONATAN HULSE-CRUZ | 985 NE 151 St         | <b>≡</b> Add   |
|              |                    | NORTH MIAMI, FL 33162 | □ Remove       |
|              |                    |                       | Change         |
|              |                    |                       | □ Acki         |
|              |                    |                       | Remove         |
|              |                    |                       | □ Change       |
|              |                    |                       | □ Add          |
|              |                    |                       | □Remove        |
|              |                    |                       | Change         |
|              |                    |                       | DAdd           |
|              |                    |                       | □Remove        |
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| fective date, if other than the dan effective date is listed, the date must bute: If the date inserted in this block current's effective date on the Department's effective date of the Department dep | k does not meet the applicable artment of State's records. | e statutory tiling requi              | rements, this date will not be | listed       |
| ted MAY 18   | 2021   |                                       | GD_                            |              |
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| Sign   | mature of a member or authorize                            | d representative of a mor             | <i>ひ</i> ょン                    | JUN.         |
| CIRA HULSE   |  |                                       | SS:<br>SS:                     | JUN - 7      |
|  | pnature of a member or authorize  Typed or printed no      |                                       | SSEE.                          | JUN - 7 AM   |

Filing Fee: \$25.00