LZ1000339569

(Re	questor's Name)	
(Add	dress)	
(Ada	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

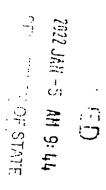
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A. RIVERS
JAN 1 9 2022



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COVER LETTER

	Registration Se Division of Cor					
eun erz		NCIAL PLANNING		•	•	
SUBJEC	.1:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspe	ondence concerning this matter	to the following:			
		JAY HOROWITZ				
			Name of Person			
		JJH FINANCIAL PLANN	IING			
		Firm/Company				
		852 BROKEN SOUND PKWY NW APT. 208				
		Address				
		BOCA RATON, FL 33487				
		City/State and Zip Code				
		delrayjj1@gmail.com	to be used for future annual		- Company	
For furth	er information c	concerning this matter, please c		терогеновическ	nen,	
JAY HO	ROWITZ			3-5479		
	Name o	of Person	at () Area Code	Daytime Te	elephone Number	
Enclosed	is a check for t	he following amount:				
□ \$25.6	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee Certified Copy (additional copy is enc		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration : Division of C	Section		ddress: ation Section of Corpor		
P.O. Box 6327		The Centre of Tallahassee				

Tallahassee, Fl. 32314

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JJH FINANCIAL PLANNING (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{JULY } 27,2021}{\text{JULY } 27,2021}$ _ and assigned Florida document number 4.21000339569 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JJH56 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 852 BROKEN SOUND PKWY NW APT, 208 New Registered Office Address: Enter Florida street address

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.

Ciry

BOCA RATON

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
			□Change
		□Add	
		□Remove	
			□Change
			□Add
			□Ramova.

____ □Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(lf an e <u>Note</u>	tive date, if other than the date of filing: [JANUARY 1, 2022] (optional) (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	December 29th 2021
	Signature of a number or authorized representative of a member
	JAY HOROWITZ Typed or printed name of signce

Filing Fee: \$25.00