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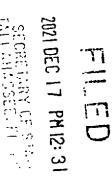
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
J. HORNE
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COVER LETTER

TO: Registration Se Division of Cos		ų	
JMEH Hol SUBJECT:	dings H LLC		,
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jer	Name of Person	
	Hamilt	Firm/Company	PALIC
	3447 Br	OOK CROSSING	DR
	Brandon	City/State and Zip Code	SIL
	Jennifere E-mail address: (Chahamilton. (0 M) to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Jenni Fer	Collis	at (813) 1689-	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ation
Registration Division of C		Registration Se Division of Cor	
P.O. Box 631	•	The Centre of T	
Tallahasson	171 32314	2415 N. Monro	o Street Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED **OF** 2021 DEC 17 PH 12: 31

JMLH Holdings II LLC	_SECRETARY	OF SIA .
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our vectors (\$55)	ili noro O
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{1.21000494410}{1.000494410}$.	pany were filed on November 17, 2021	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the r</u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
••••	, Florida	ı
New Registered Agent's Signature, if changing Registered A	City gent:	Zip Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my duties, and Lo et as provided for in Chapter 605, F.S.	ım familiar with and 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
MGR -	Jeffrey Hewett	3422 Silver Mendow Way Plant City, FL 33566	
			□Remove
			□Change
			DAdd
			Remove
			□Change
			□Add
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fan effecti <mark>Note:</mark> If t	date, if other the verdate is listed, the the date inscrited in 's effective date of	date must be specifi n this block does i	c and cannot be p not meet the ap	prior to date of fil phicable statute	ing or more than 9	0 days after filin	g.) Pursuant to 60:	
ocument		effective date bu	not an effectiv	ve time, at 12:0	1 a.m. on the ea	rlier of: (b) 1	The 90th day afte	er the
record sp	pecifies a delayed							
record specified is filed.			2021					
record specified is filed.			2021	·				
record specified records recor			_· //_	2	cuative of a mem			

Filing Fee: \$25.00