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T. MATTHEWS MAR 3 0 2022

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.		J.B"H LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DEB	ORA F ABRAMOVICH	
		Name of Person	
	-1-1-	Firm/Company	
		1064 NE 204 TER	
Address			
		MIAMI, FL 33179	
		City/State and Zip Code	
		NNYHARKATZ@GMAIL.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	all:	
DEBORA F ABRAMOV		786 587-4565 at ()	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne following amount:		
S25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5 Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee. I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DULAN.B"H LLC	22 HAT 19 FH 2: 39
(Name of the Li	mited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Florida document number		FEBRUARY 07, 2022 and assigned
This amendment is submitted to amend the f	ollowing:	
A. If amending name, enter the new name	e of the limited liability company l	nere:
The new name must be distinguishable and contain the Enter new principal offices address, if appropriate appropriate address of the ASTR.	olicable:	designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
B. If amending the registered agent and/o agent and/or the new registered office add		records, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter FI	orida street address
		, 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
MGRM	DEBORA F ABRAMOVICH		□Add
		1064 NE 204 TER, MIAMI, FL 33179	≣Remove
			
			□Remove
			□Change
			□Add
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<u>te:</u> If t	date, if other than the date of the date is listed, the date must be specified date inserted in this block do is effective date on the Departm	oes not meet the applica	o date of filing or more ble statutory filing r	(optional) than 90 days after filing.) P equirements, this date wi	ursuant to 605.020
cord sr	occifies a delayed effective date,	, but not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b) The 9	90th day after th
		2022	_		
s filed.	FEBRUARY 8	2022			
s filed.	FEBRUARY 8	. 2022	511		