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COVER LETTER

Tallahassee, FL 32314

TO: Registration 5 Division of Co		
Juemch H	its LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.
	condence concerning this matter	
	Christopher Jackson	
		Name of Person
	Juemch Hits LLC	
		Firm/Company
	1762 Ruth St	
		Address
	Cocoa, Florida 32926	
		City/State and Zip Code
	cjackson12947@gmail.com	
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please c	to be used for future annual report notification) all:
Christopher Jackson		321 349-4992
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	- H 5
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of		Street Address: Registration Section Division of Corporations
P.O. Box 63	327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Juemch Hits LLC (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 $\frac{02/18/2022}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Juemch Hits Productions 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: 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.

Cirv

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>	<u>Address</u>	Type of Action
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			Remove
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			□Change

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cord specifies a delayed effectives filed.	e date, but not an effective time, at 12:01	I a.m. on the earlier of: (b) The 90th day after
ed	2024	
	Signature of a member or authorized represe	
•	Signature of a memoer or authorized represe	entative of a inchioci

Filing Fee: \$25.00