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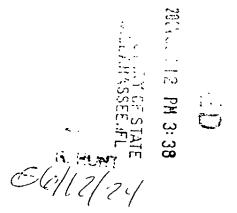
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## **COVER LETTER**

TO: Registration So Division of Cor			
JMH Multi	family LLC		
SUBJECT:	Name of Lin	ited Liability Company	_
The analogud Articles of	Amendment and fee(s) are sub	unitted for filing	
	ondence concerning this matter		
	Justin Hofford		
		Name of Person	
		Firm/Company	
	4514 W. Beachway Drive		
		Address	
	Tampa, Fl. 33609		
		City/State and Zip Code	- Fr. 12
For further information o	E-mail address: (	to be used for future annual report notification)	PH 3: 3: PH 3: 3: SEE. FL
	oncertaing this matter, prease c		71E 38
Justin Hofford		813 541-2497 at ()	
Name o	T Person	Area Code Daytime Telephone Nu	mber
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	00 Filing Fee, ificate of Status & ified Copy uonal copy is enclosed)
Mailing Addres Registration 9	Section	Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	
Tallahassee, l		2415 N. Monroe Street, Suit	te 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMH Multifamily LLC		
( <u>Name of the Limited Liability C</u> (A Florida Li	lompany as it now appears on our records.) mited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con	npany were filed on May 25, 2022	and assigned
Florida document number 1.22000225947		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
JMH RE Advisors LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	
		<u></u>
		;-
Enter new mailing address, if applicable:		
`		S
Mailing address MAY BE A POST OFFICE BOX)		
		11 2-1 m
		다. 3 <b>8</b>
B. If amending the registered agent and/or registered of igent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	name of the new register
generation the new registered office aguress here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	:1
	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.

H Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			☐Remove
			□Change
			□Add
			□Remove
			□Change
			□Add  S
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ated May 28									

Filing Fee: \$25.00