## L22000235443

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
JUN 2 2 2022
• • • • • • • • • • • • • • • • • • • •

Office Use Only

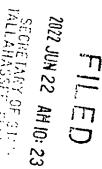


700389633627

06/22/22--01011--001 ++25.00

ALLAHASSEE, FI ON

2022 JUN 22 WIN



## **COVER LETTER**

TO: Registration So Division of Co		•	e e e e e e e e e e e e e e e e e e e
J3H LLC	•		
SUBJECT:	Name of Lin	nited Liability Company	
	. value of Bill	med Blacking Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeffrey Hebert		
		Name of Person	<del></del>
	J3H LLC		
		Firm/Company	
	14 Contee Ct.		
	•	Address	
	Palm Coast, Florida 32127	7	
		City/State and Zip Code	
	jeff@fsuflsales.com	(to be used for future annual report no	tification)
For further information c	oncerning this matter, please c		
Jeffrey Hebert		647 295-0877 at ( )	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Address		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, 1	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 22 AM 10: 23

130 1776		SEC	RETARY OF STATE
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now ar a Limited Liability Compa	opears on our records (iny)	AHASSEE, FLUH
The Articles of Organization for this Limited Liability C Florida document number L22000235443	Company were filed or	20 May 2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability compan	y here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company,"	the designation "LLC" or	the abbreviation "L,L,C."
Enter new principal offices address, if applicable:	545 E 4th 5	St. Jacksonville, FL 322	206
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	545 E 4th 5	St. Jacksonville, FL 322	206
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on o	ur records, enter the	name of the new registered
Name of New Registered Agent:	Grenald	Hebert	
New Registered Office Address:	Enter	Florida street address	
	- Circ	, Florid	Zip Code
	City		гір Соде

## New Registered Agent's Signature, if changing Registered Agent:

1211116

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 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gerald Hebert	14 Contee Ct., Palm Coast, Florida 32137	<b>≅</b> Add
		<del></del>	□Remove
			□Change
	<del></del>		□Add
			□Remove
			Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
		<u>.                                    </u>	□Remove
			□Change
		<del></del>	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Changa

Ge	gistered Agent's Legal Name:  rald Hebert  Contee Ct., Palm Coast, Florida 32137
	<del></del>
14	<del> </del>
_	
2.	Need to add the EIN for the business:
ED —	N: 88-2590579
_	
_	
<u>iote:</u> If	e date, if other than the date of filing:
record s	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
Ju Pated	ne 21
	Signature of a member or authorized representative of a member
	Jeffrey Hebert