## 422000237988

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2022 JUL 25 PH 3: 39

## **COVER LETTER**

O: Registration Section Division of Corporations	
JBJECT: J. H. E. W. L. L. C.  Name of Limited Liability Company	
ne enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Jerry Maitre Name of Person	
Firm/Company	
1170 imperial lakerd	
West Pain beach FL 33413 City/State and Zip Code  J. hentertain ment II CHO 9 mail COM  E-mail address: to be used for future annual report notification)	C
or further information concerning this matter, please call:	
Jerry Maitre at (954) 768-3077  Name of Person Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
Z \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (tadditional copy is enclosed)	
Mailing Address:  Description Section  Description Section	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

J.HENT LLC		2022 JUL 25 PH 3: 39
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on c	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22 000 23 7988</u>	were filed on May	23, 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
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 acagent and/or the new registered office address here:	ddress on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet address
		, Florida
	Ciţy	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my di rovided for in Chapte	uties, and I am familiar with and er 605, F.S. 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
AMBR	Jerry maître	1170 imperial lanerd	Add
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<u>e:</u> If the da	te inserted in t	n the date of file the must be specified his block does no the Department o	it incet the app	licable statutory	or more than 9 filing require	(optional) 0 days after filing, ments, this date	) Pursuant to 605.020 will not be listed a
ord specific filed.	es a delayed ef	fective date, but r	iot an effective	e time, at 12:01 a	i.m. on the ear	rlier of: (b) Th	e 90th day after th
ed	5/2	3/202	2	·			
		Signature of	a member or au	thorized represent	ative of a mem	her	
			Jerr	. /	)qitr		