L22000496832

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(Add	dress)	
- (Ada	dress)	
(City	//State/Zip/Phone	e #)
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of C			
	D CONSULTING LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JUAN HURTADO		
		Name of Person	
	HUMAND CONSULTIN	G LLC	
		Firm/Company	
	9655 SW 121ST STREET		
		Address	
	MIAMI, FL 33176		
	juanjo196410@hotmail.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
JUAN HURTADO		786 449-0402	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Se	etion
_	Corporations	Division of Cor	
P.O. Box 63		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000496832</u> .	were filed on <u>02/24/23</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JJHM CONSULTING, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		3 HAR
Enter new mailing address, if applicable:		6 AMIO
(Mailing address MAY BE A POST OFFICE BOX)		0: 08
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registers
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	×
	. Flo	orida
	City	orida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, ar	nd I am familiar with and

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 added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			⊡Remove
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ffective date, if other than an effective date is listed, the date of the latest list list list list list list list li	e must be specific and	d cannot be prior to o	late of filing or more the	(optional) nan 90 days after filing.)	Pursuant to 605.020
ote: If the date inserted in the ocument's effective date on the	he Department of S	State's records.	e statutory friing rec	purements, this date v	vill not be listed as
record specifies a delayed eff is filed.	ective date, but not	t an effective time	, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
02/24 ited		2023			
		1////			
	راحما	7 61 / /			
		11/2			
	Signature of a	member or authorize	ed representative of a	member	

Filing Fee: \$25.00