L23000021121

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COVER LETTER

TO:

Registration Section Division of Corporations

JVHV GRO	OUP LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and feets) are sub	emitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	FELIX VALDEZ II				
		Name of Person			
	JVHV GROUP LLC.	D.B.A. AC TODAY			
		Firm Company		•	
	7604 CORTEZ CT				
		Address			
	TAMPA, FL. 33615			75 A	
		City/State and Zip Code		τ, ·	•
	ADMIN@813AIRNOW.C			<u> </u>	i -
	E-mail address: (to be used for luture annual report n	otification)		
For further information c	concerning this matter, please c	all.		に、 こ、 う	C
FELIX VALDEZ II		813 951-8371 at ()		er i	
Name c	of Person		ime Telephone Number		
Unclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Address Registration of C P.O. Box 632 Tallahassee,	Section Torporations 27	Street Address: Registration S Division of C The Centre of 2415 N. Mon	orporations	10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JVHV GROUP LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Com</u> (A Flonda Limite	pany as it now appears on our records d Liability Company)	,)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L23000021121</u>	ny were filed on JANUARY 10 202	4 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
		- l	
Enter new mailing address, if applicable:		F 5 0	
•		GA F	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter t</u>	he name of the new registere	
AL D. C. LONG ALD			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	n <u>t:</u>		
I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officers.	te performance of my duties, and s provided for in Chapter 605, F	d I am familiar with and I.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>	<u>Address</u>	Type of Action
MGR	JOHN HAGGAR	1908 CROSSROADS BLVD	
		WINTER HAVEN, FL 33881	□Remove
AMBR	VALDEZ, DANA	7604 CORTEZ COURT	
		TAMPA, FL 33615	Remove
		Change	
			Add
			Hemove Barrier
			₹
			36
			□Change □Add
			□Remove
			Change
			□Remove
			Change

JOHN HAGGAR - CHANGE	D FROM, AMBRITOMA			
DANA VALDEZ- REMOVE	D AS - AMBR. BUT REM	IAINS REGISTERED	AGENT.	
THANK YOU				
				•
	<u> </u>			
ctive date, if other than the confective date is listed, the date must e: If the date inserted in this blooment's effective date on the De-	be specific and cannot be priock does not meet the applic	or to date of filing or more cable statutory filing re		ing) Pursuant to 60
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			he earlier of. (b)	The 90th day aft
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		time, at 12:01 a.m. on t		2029
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Filing Fee: \$25.00