

L230000063071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

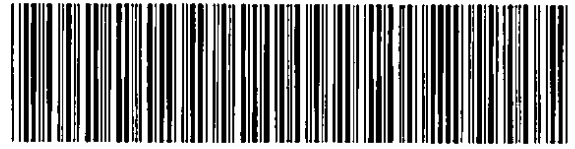
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023

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2023 JUL 25 PM 2:03

TALLAHASSEE, FLORIDA

RECEIVED

S. ROBERTS

JUL 26 2023

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JHMB GROUP LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature

Requested by: seth

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

121 Bender & Printing • Tallahassee, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JHMB GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marcus Paulo I. Segnini

Name of Person

PS KIS LLC

Firm/Company

5401 S KIRKMAN RD STE 680

Address

ORLANDO, FL 32819

City/State and Zip Code

contact@kiconsult.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus Paulo I. Segnini

407

707-4914

at (_____) _____

Name of Person

Area Code

Daytime 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Task	Time	Cost	Benefit	Net Benefit	Decision
Task 1	10	10	10	0	Add
Task 2	20	20	20	0	Remove
Task 3	30	30	30	0	Change
Task 4	40	40	40	0	Add
Task 5	50	50	50	0	Remove
Task 6	60	60	60	0	Change
Task 7	70	70	70	0	Add
Task 8	80	80	80	0	Remove
Task 9	90	90	90	0	Change
Task 10	100	100	100	0	Add
Task 11	110	110	110	0	Remove
Task 12	120	120	120	0	Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I WOULD LIKE TO CHANGE THE PRINCIPAL AND THE MAILING ADDRESS OF THE COMPANY

TO 3554 West Orange Club Drive Suite 240, Winter Garden FL 34787

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 25th, 2023

HERALDO CESAR GAGLIARDI BOLDRIN

Signature of a member or authorized representative of a member

HERALDO CESAR GAGLIARDI BOLDRIN

Typed or printed name of signee

Filing Fee: \$25.00