## L23000105199

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## **COVER LETTER**

TO: Re	egistration Section vision of Corporations			
	JHI SALES LLC			
SUBJECT:	Name of Limited Liability Company			
The enclo	sed Articles of Amendment and fee(s) are	e submitted for		
fiting. Plea	se return all correspondence concerning th	is matter to the		
following:	LAYLA PORTELA			
		Name of Person		
	JHI SALES LLC			
		Firm/Company		
	8508 PARK ROAD #112			
		Address		
	CHARLOTTE, NC 28210			
	BUSINESS@LAYLAPORT	City/State and Zip Code ELA.COM		(zž
	E-mail address: (t	o be used for future annual report notif	ication)	
For further	information concerning this matter, please	call:		
RONIELI.	Y SILVA	689 837-5655		· · · · · · · · · · · · · · · · · · ·
	Name of Person	at ()	elephone Number	
				O
	s a check for the following amount:			
-	ci\$25.00 Filing Feeロ\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee, Certificate of Status &amp; Certified Copy (additional copy isenclosed</li> </ul>	)
	aiting Address: egistration Section	Street Address: Registration Sect	tion	

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

JHI SALES LLC

(Name of the Limited Lia (A Fi	bility Company as it now appears on our records. ) orda Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed	and assigned
on Florida document number L23000 105199 .		
This amendment is submitted to amend the follow	wing:	
A.If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the designation "LLC" or th	e 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	99	
		1° = 5
B.If amending the registered agent and/or registe	ered office address on our records, e <u>nter the na</u> i	me of the new registered
agent and/or the new registered office address he	ere:	•
<u>Name of New Registere</u> d		1.33
Agent: New Registered Office	Enter Florida street address	9: 2
Address:	cnier rioriaa sireel aaaress	· · · · · ·
	, Florida, Florida,	o Code
New Registered Agent's Signature, if changing Registe	,	, 2000
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	ent and agree to act in this capacity. I further ag d complete performance of my duties, and I am d agent as provided for in Chapter 605, F.S. Or, ered office address, I hereby confirm that the lin	familiar with and if this document is
	If Changing Registered Agent, Signature of New Re	eistered 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

Title Name Address Type of Action

.MBR	JOSHUA SOUZA MEDINA	4348 RENLY LANECLERMONT, FL 34711	GAdd
			æRemove
			c:Change
			□Add
			¤Remove
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			<b>⊡Ad</b> d
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Signature of a member or authorized representative of a member		Youth I set	ri.		
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	RONIELŁY SIEVA				

**(3)**