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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| Division of Cor | porations | | |
|-----------------------------|---|---------------------------------------|---------------------------------------|
| CHINIDOT. | HL | HEALTH GROUP LLC | |
| SUBJECT: | Name of Lim | nited Liability Company | |
| The enclosed Articles of | Address Kissimmee, FL 34758 City/State and Zip Code jimmy, ho@jhhealthgroup.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Jimmy Ho Address Kissimmee, FL 34758 City/State and Zip Code jimmy.ho@jhhealthgroup.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Jimmy Ho Name of Person Area Code Daytime Telephone Number Lis a check for the following amount: 00 Filing Fee Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy | | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | Jimmy Ho | |
| | · | Name of Person | |
| | | JH HEALTH GROUP LLC | : |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | | 4706 Greycliff Prairie Dr | |
| | | Address | |
| | | Kissimmee, FL 34758 | |
| | | City/State and Zip Code | |
| | = | | |
| | E-mail address: (| to be used for future annual report n | otification) |
| For further information co | oncerning this matter, please c | all: | |
| Jim | ту Но | | 1605 777- 600# # |
| Name o | l Person | | ime Telephone Number |
| | | | |
| Enclosed is a check for the | e following amount: | | |
| ■ \$25.00 Filing Fee | - | Certified Copy | Certificate of Status & |
| | | | |

Mailing Address; Registration Section
Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Street Address: 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

| | J Executive Ac | ivisor LLC | | |
|--|--|--|---------------------------|----------------------|
| (Name of the Limit | ed Liability Compa (A Florida Limited I | ny as it now appears on liability Company) | our records.) | |
| The Articles of Organization for this Limited L. Florida document number | ability Company | were filed on May 2 | 2, 2023 | and assigned |
| his amendment is submitted to amend the follo | owing: | | | |
| a. If amending name, enter the new name of | f the limited liab | ility company here: | | |
| JH HEALTH GROUP LLC | | | | |
| he new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the design | nation "LLC" or the ab | breviation "L.L.C." |
| nter new principal offices address, if applicable: | | 3275 S John Young | Pkwy | |
| nter new principal offices address, it applicable: Principal office address MUST BE A STREET ADDRESS) | | Unit #1212 | | |
| The spar office dutiess in COT DE TISTREE | <u> </u> | Kissimmee, FL 347 | 46 | |
| ter new mailing address, if applicable: | | 3275 S John Young | Pkwy | |
| Mailing address MAY BE A POST OFFICE | ROX) | Unit #1212 | | |
| naung aduress MAT DE A FOST OFFICE | <u>BOAJ</u> | Kissimmee, FL 347 | 46 | |
| B. If amending the registered agent and/or regent and/or the new registered office address | | address on our reco | rds, <u>enter the nam</u> | e of the new registe |
| Name of New Registered Agent: | Junity 110 | | | |
| New Registered Office Address: | 3275 S John Yo | oung Pkwy Unit #1212 | | 1111 |
| - - | | Enter Florida : | street address | |
| | | Kissimmee | , Florida | 34746 |
| | | City | | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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 = | Manager | |
|--------|------------|--------|
| AMBR ≈ | Authorized | Member |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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| (If an effective on Note: If the | ate, if other than the da date is listed, the date must be date inserted in this block effective date on the Depa | specific and cann does not meet | the applicable: | e of filing or more statutory filing t | (option of the contract of the | onal) filing.) Pursuant to s date will not be | 605.0207 listed as |
| | ifies a delayed effective da | ite, but not an e | ffective time, a | at 12;01 a.m. on | the earlier of: (b |) The 90th day | after the |
| | | | | | | | |
| ord is filed. | March 23 | 20 | 024 | | | | |
| ord is filed. | March 23 | , 20 | 024 | .11 | | | |
| ne record specord is filed. Dated | <u></u> | · · · · · · · · · · · · · · · · · · · | <u></u> | Horizontative of | a member | | _ |