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(((H24000086091 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for $\widehat{\mathbb{A}}$ tu annual report mailings. Enter only one email address please?*

Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **H&M JAX INVESTMENT LLC**

Certificate of Status	0
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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H&M JAX INVESTMENT LLC			
(Name of the Lim	nited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Florida document numberL24000018670	Liability Compa	my were filed on01/08/2024	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited li	iability company here:	
NA			
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "ELC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered offic	ee address on our records, enter the	name of the new regi
agent and/or the new registered office addr	ess nere.		્રેંગ સ્થ
Name of New Registered Agent:	NA		724 HM
New Registered Office Address:	NA	E Fi L	33 7 T
		Enter Florida street address	OF S
		City	13 Zincode

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.

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

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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
MGR	HIBAK JAMA	P.O BOX 17841	≣ Add
		JACKSONVILLE	_
		FLORIDA 32245 USA	Change
			□Add
			□Remove
			□Change
			□ Add
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			「IChange
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edition 8 effective diffe on the frepair	then of state s records.		
record specifies a delayed effective da	to but not an attactive ti	a at 12:fill a milion the earlier of: (I	5). The 90th day after the
is filed	te, our not an effective in	c. at 12.01 a.m. on the carnet or. (t) The Military after the
nted	2024		
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