L2400314549

| (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



300433819433

07/29/24--01018--012 **55.00

2024 ("". 29 PH 5: 2

J. 3/1/2024

COVER LETTER

TO:

| | Registration Se Division of Cor | | | | | |
|---|---------------------------------------|--|---|--|--|--|
| om ir o | JSH Holdings SP1, LLC | | | | | |
| SUBJEC | ECT:Name of Limited Liability Company | | | | | |
| The enclo | sed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please ret | urn all correspo | ndence concerning this matter | to the following: | | | |
| | | Leslie Cassels | | | | |
| | | · | Name of Person | | | |
| | | | Firm/Company | | | |
| | | 18590 Stoney Point Burch | Road | | | |
| | | | Address | | | |
| | | Greenwell Springs, LA 70 | 739 | | | |
| | | lcassels1968@gmail.com | City/State and Zip Code | | | |
| | | | to be used for future annual report not | ification) | | |
| For furthe | er information c | oncerning this matter, please ea | all: | | | |
| Leslie Ca | issels | | 225 337-5770 at () | | | |
| | Name o | l'Person | Area Code Daytir | ne Telephone Number | | |
| Enclosed | is a check for th | ne following amount: | | | | |
| ' · \$25.0 | 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 Addres | | Street Address: Registration Se | ection | | |
| Registration Section Division of Corporations | | | Division of Co | | | |
| I | P.O. Box 632 | 7 | The Centre of | The Centre of Tallahassee | | |
| • | Tallahassee, I | FL 32314 | 2415 N. Monro | oe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JSH Holdings SP1, LLC 2324 C 7, 29 FM 5: 21

| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on a ability Company) | our records.) | - |
|---|--|--|-------------------------------------|
| The Articles of Organization for this Limited Liability Company v Florida document number | vere filed on July 1: | 5,2024 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company," the design | ation "LLC" or the abbro | eviation "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) | | | |
| B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here: Name of New Registered Agent: | ldress on our recor | ds, <u>enter the name</u> | of the new registered |
| New Registered Office Address: | | | |
| | Enter Florida si | reet address | f the new registers |
| | City | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | • |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my covided for in Chap | duties, and I am far ter 605, F.S. Or, if | niliar with and This document is |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|--------------------------|-----------------|
| MGR | Richard Scott Holt | 3326 Club Drive | □Add |
| | | Destin, FL 32550 | □Remove |
| | | *change from AMBR to MGR | ■ Change |
| | | | □Add |
| | | | □Remove |
| | | | € Change |
| | | <u> </u> | □Add |
| | | | Remove |
| | | | □Change |
| | | | 🗀 Add |
| | | | Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | |
| | | | □Add |
| | | | □ Remove |
| | | | □Change |

| • | | | | | | | _ |
|-------------------------------|--------------------|-------------------|---|------------------------|---|---|----------------------------------|
| | | | | | | | |
| | | | | | | | _ |
| | | | | | | <u> </u> | _ |
| | | | | | | | <u>-</u> |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | · · · | | _ |
| | | | | | | | _ |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | | | |
| | | | | ., | | | _ |
| | | | | | ····· | | _ |
| | | | | | | | |
| | | | | | | . | |
| | | | | ···· | | | _ |
| | | | | | · | | |
| | | | | | | | _ |
| | | | | | | | |
| | . | | | | | | _ |
| Note: If the | date inserted in t | his block does n | iting: and cannot be prior to meet the appli of State's records | cable statutory fili | (opt more than 90 days afte ng requirements, th | ional) er filing.) Pursuant to 6 is date will not be li | 605.0207 (i sted as t |
| e record spec rd is filed. | ifies a delayed ef | fective date, but | not an effective | time, at 12:01 a.m | . on the earlier of: (| h) The 90th day at | fter the |
| Dated | 24 | | 2024 | | | | |
| | | | 12:1 | XAZ | ~ . | | |
| _ | | Signature o | if a member or sut | norized representative | or of a member | | |

Filing Fee: \$25.00