L24000464114

(Requestor's Name)
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> > 2025 JAN 24 PM 3: 3

COVER LETTER

Division of Co			
SUBJECT:	JGHO	5 LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	0		
	<u> Grage</u>	Name of Person	
	3	Name of Person	
	-		
		Firm/Company	
	20382	Cristoforo Place	
	<u>Venice</u> ,	FL 34293 City/State and Zip Code 3949 11 C - COM	
	anne 6	City/State and Zip Code	
	E-mail address: (to	be used for future annual report notification)	
For further information c	concerning this matter, please ca	H;	
Cantie	A MINITHP	7311 558 - 3567	
Name o	of Person	at (734) 558 - 3562 Area Code Daytime Telephone Number	_
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing F Certified Copy Certificate of S (additional copy is enclosed) Certified Copy (additional copy is	Status &
<u>Mailing Addres</u>	<u>ss:</u>	Street Address:	
Registration S	Section	Registration Section	
Division of C		Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JGHG LIC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	01/24	and assigned
Florida document number <u>L 24000464114</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:	:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the desig	gnation "LLC" or the abb	reviation "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)			
D. Kanandina da malanda da mara	. 1 1	1 (1)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	adress on our reco	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			·
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
	City.		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
		4. F. C. 13	

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 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>	<u>Name</u>	Address	Type of Action
MGZ	Gage A Willette	20382 Cristoforo P	Jac e □Add
		venice. FL 34293	□Remove
			S (Change
MGZ	Jet D Dills	1830 Ironwood Ct	□Add
	Venice, FL	Venice, FL 34293	□Remove
			S Change
			🗆 Add
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			🗆 Change
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an effect ote: If	date, if other than the date of filing:	5.0207 ted as
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after.	er the
ated	January 24, 2025	
	Gu h	
	Signature of a member or authorized representative of a member	