## L130000 81958

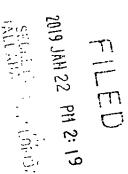
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: JDS	Franchise (	On Sulting, LLC ed Liability Company	<u>/</u>
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Jennifer	Staudt Name of Person	
		Name of Person	
		Firm/Company	
	1755 Grin	Dell Terrace	
	Winter Park	F1. 32789 City/State and Zip Code	
-	dulaacoo	of used for future annual report notification	ion)
For further information conc	erning this matter, please call	:	
Jennifer C Name of Per	staudt	at (407) 924 -8 Area Code Daytime Te	255 lephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## **STREET/COURIER ADDRESS:** Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1:

JDS Franchis	se Consulting, 1	LC
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on or ida Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Florida document number <u>L/300081958</u>	Company were filed on <u>6/5</u>	2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line and t	ox, LLC	
The new name must be distinguishable and contain the words "L	in ted Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7119 JUL 22
B. If amending the registered agent and/or regressioned agent and/or the new registered office ad	gistered office address on our ldress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	ant addraic
	enier r iorida sire	
<del></del>	City	, Florida 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMRR -	Authorized Member	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		<del></del>	Remove
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(If an effective date Note: If the da	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ective date on the Department of State's records.
the record spo b) The 90th d	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier day after the record is filed.
Dated	an 14th 2019
	Signature of a member or authorized representative of a member
	O TOTAL STATE OF THE PROPERTY

Page 3 of 3

Filing Fee: \$25.00