Florida Department of State

L19000064742

Division of Corporations
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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   : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JD GONZO LLC

Certificate of Status	0
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RECEIVED 2021 JAN -7 AM 9:41

FILED 2021 JAN -7 AM 9:40 SECRETARY OF STATE TALLAHASSEE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JD GONZO LLC

(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 03/06/2019 and assigned Florida document number L19000064892 .

This amendment is submitted to amend the following:

A. If amending name, **enter the new name of the limited liability company here**:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

335 w 47 street

apt 11

miami beach fl 33140

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, **enter the name of the new registered agent and/or the new registered office address here**:

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:

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
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAWN MALEPE	7901 4TH ST N STE 300	☐ Add
		ST. PETERSBURG, FL 33702	☑ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated **1/7** , **2021** .

_____
Signature of a member or authorized representative of a member

Morgan Noble
Typed or printed name of signee

Filing Fee: $25.00