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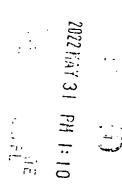
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· COVER LETTER

Division of Cor	rporations		
02JD ENTI	ERPRISES LLC		
SUBJECT:			
	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DIEGO PUENTES		
		Name of Person	
		Firm/Company	
	1080 BRICKELL AVENU	• •	
	17	Address	
	MIAMI, FLORIDA, 3313	I	
	JDENTER10@HOTMAIL.	City/State and Zip Code COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	
FRANCISCO JAVIER V	ARGAS BAQUERO	305 7786036	
	41.	at ()	
Name o	f Person	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 & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	tion
Registration (Registration Sec	aton .

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

02JD ENTERPRISES LLC

2022 HAY 31 PH 1: 10

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our rec	ords.)
		그는 사람들이 그 그 사람들이
The Articles of Organization for this Limited Liability Company	/ were filed on	and assigned
Florida document number L22000228666		
i iorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
2JD ENTERPRISES LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	LC" or the abbreviation "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)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new register
agent and of the new registered office address here.		
AT CAT DO 1 A LA .		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street add	ress
		ress Florida

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, 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
			🗆 Add
			□ Remove
			Change
			□Remove
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ctive date, if other than			1	(option	
effective date is listed, the date if the date inserted in the					
ment's effective date on t					
ord specifies a delayed eff	ective date, but not	an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
filed.					
05/25		2022			
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	TUUS	nember of authoriz	ed representative of	a member	
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