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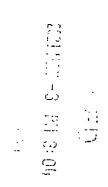
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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:		entures LLC		
Sebone 1.		Name of Lim	ited Liability Company	♥ 1
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		John DiPietro		
			Name of Person	
		JDP Land Ventures LLC		
			Firm/Company	
		4105 Windsor Park Dr E		
			Address	<u> </u>
		Jacksonville Fl 32224		
			City/State and Zip Code	
		johndipietro55@gmail.com		
		E-mail address: ()	to be used for future annual report noti	neation)
For further i	information co	oncerning this matter, please ca	all:	
John DiPiet	iro		904 710-7431 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for the	e 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 Address:
Registration Section
Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JDP Land Ventures LLC	¥	
(Name of the Limited	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liab	bility Company were filed on _09/30/2004	and assigned
orida document number L04000071994	 .	_
nis amendment is submitted to amend the follow	ving:	
. If amending name, enter the new name of t	he limited liability company here:	
ne new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicat	ole:	
Principal office address MUST BE A STREET	ADDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
	istered office address on our records, enter the	name of the new registe
gent and/or the new registered office address	<u>here</u> :	: 22
Name of New Registered Agent:		-:
New Registered Office Address:		ن
	Enter Florida street address	
	. Florida	. <u>.</u>
	City	- Zip Cixle

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 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
MGR	The John Donald DiPietro and Deb	4105 WINDSOR PARK DR E	□Add
		JACKSONVILLE FL 32224	■ Remove
			□Change
MGR	DEBRA DIPIETRO	4105 WINDSOR PARK DR E	■Add
		JACKSONVILLE FL 32224	□Remove
			□Add
			□Remove
			Change
			□Adđ
			□Remove
			□ Change
			□Remove
			□Change
			□Remove

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F Mactic	re date, if other than the date of filing: (optional)
If an effec <u>Note:</u> I	cetive date, if other than the date of filing:
e record rd is tile	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 d.
0	94/28/2021
Dated $\underline{}$	_
Dated _	John DiPistro
Dated _	Signature of Amember or authorized representative of a member

Filing Fee: \$25.00