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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATION

## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJE				
		Name of Limit	ed Liability Company	
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
			Cristy Campbell	
			Name of Person	
			Firm/Company	
			Po Box 608066	
			Address	
	Orlando, FL 32860-8066			
City/State and Zip Code				
	ion)			
For fur	ther information cor	ncerning this matter, please ca	·	
Cristy Campbell Name of Person			at ( 407 ) 28  Area Code & Daytime T	34-4325
	ranc or r	(VISOI)	And Code & Dayline 1	Cieptone (Value)
Enclos	ed is a check for the	following amount:		
\$25	i.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**

JDS Enterprises (Name of the Limited Liability Compa (A Florida Limited)	of Orlando, LLC  Inv as it now appears on our records.)  Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL07000111771	were filed on11/05/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	2611 Technology Drive	
(Principal office address MUST BE A STREET ADDRESS)	Suite 210	o Div
	Orlando, FL 32804	09 0 VISIO
		OCH TO THE T
Enter new mailing address, if applicable:	Po Box 608066	30 36
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32860-8066	3 300
		3,000
		3 5 m
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> e:	the name of the new
Name of New Registered Agent:	···	
New Registered Office Address:	·	
-	Enter Florida street ac	ldress
<del></del>	, Florida _	
	City	Zip Code
New Pagistayed Agent's Signature if shanging Desistand Agents		

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager, or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Address</u> Title <u>Name</u> MGR Sean Brogan 2500 Maitland Center Parkway ☐ Add Suite 311 Remove Maitland, FL 32751 Sean Brogan MGR ✓ Add 2611 Technology Drive Remove Suite 210\_\_\_\_\_ Orlando, FL 32804 ∏ Add Remove  $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 7 Dated Signature of a member or authorized representative of a member Douglas F. Long Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00