L07000125451

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SECRETARY OF STATE OR 10

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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	JADDS, LL	С		
		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return	ali correspon	dence concerning this matter to	o the following:	
		Bryan J. Stanley, Esq.		
			Name of Person	
Bryan J. Stanley, P.A.				
Firm/Company				
		209 Turner Street		
			Address	
		Clearwater, FL 33756		
			City/State and Zip Code	
		bryan@bryanjstanley.com		
		E-mail address: (to	be used for future annual report notificat	lion)
For further in	nformation co	ncerning this matter, please cal	II:	
Maria Ferna	ndez		727 461-1702 at ()	
	Name of	Person	Area Code Daytime Te	lephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

JADDS, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	 -
The Articles of Organization for this Limited Liability Com	pany were filed on December 18, 2007	and assigned
Florida document number L07000125451		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	and the control of th
Enter new principal offices address, if applicable:		GR E
(Principal office address MUST BE A STREET ADDRES	<u></u>	TARKY B M
Enter new mailing address, if applicable:		II: 13
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		r the name of the ne
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, 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	William Tamayo	3406 W. Linebaugh Avenue	
		Tampa, FL 33618	□ Remove
			☐ Change
MGR	Diana Tamayo	3406 W. Linebaugh Avenue	□ Add
		Tampa, FL 33618	□ Remove
			Change
			Add
			Remove
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			SECRETAL AHA
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Filing Fee: \$25.00