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EXAMINER



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SECKETAKY OF STATE

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	JDO	Group, LLC			
		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
		John Otto			
		Name of Person			
Firm/Company					
	11603 Purple Lilac Cir				
		Orlando, FL 32837			
		City/State and Zip Code			
	E-mail address: (dotto72@gmail.com to be used for future annual report notific	cation)		
For further information	concerning this matter, please of	eall:			
N	John Otto	at (407) Area Code & Daytime	115-5002		
Name	or Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	the 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)		
	LING ADDRESS:	STREET/COURIE			
Registration Section Division of Corporations		Registration Section			

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JDO	O Group, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now apperimited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	October 20, 2009	and assigned
Florida document numberL09000101526			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company h	ere:	
Jol	hn Otto, LLC		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		are .	<u> </u>
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		09 IV.S
			8 93
			0F AR
Enter new mailing address, if applicable:			음숙두
(Mailing address MAY BE A POST OFFICE BOX)			
			ő Š
			£ 0,7
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, enter the	e name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
new registered office Address.	, i	Enter Florida street addre	ess
		, 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 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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
***************************************			Add Remove	
			Add Remove	
			Add Remove	
D. If amend	ling any other information	a, enter change(s) here: (Attach additional sheets, if necessor	ary.)	
	W		**************************************	
Dated	11/08			
	69	Jhr Otto		
	Signatu	re of a member or authorized representative of a member John Otto		
		Typed or printed name of signee	<u> </u>	

Page 2 of 2

Filing Fee: \$25.00