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Special Instructions to F	iling Officer:	
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SECRETARY OF JUNE DIVISION OF CORPORATIONS

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COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: John D. Sincore	Division of Cor	porations		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: John D. Sincore	SURJECT: JD.	S FORENSICS	LLC	
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Please return all correspondence concerning this matter to the following: John D. Sincore				
Source Name of Person	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Firm/Company 8447 WATER FORD CIRCLE Address TMMARIC FL 33321 City/State and Zip Code Strafagic cpg e g.marl. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Toth D. Sincirc at (954) 654-6691 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Escion Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy	Please return all correspo	ndence concerning this matter	to the following:	
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For further information concerning this matter, please call: Jolly D. Sincere			Address	
For further information concerning this matter, please call: Jolly D. Sincere		TAMA	RAC FL 3332	-/
For further information concerning this matter, please call: Jolly D. Sincere			City/State and Zip Code	• ,
For further information concerning this matter, please call: Jolly D. Sincere		541	ategicapa e g.m.	ail. Com
Tolling Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c		E-mail address: (to be used for future annual report notif	ication)
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status \& Certified Copy (certified Copy)	For further information c	oncerning this matter, please co	all:	
Enclosed is a check for the following amount: \$\overline{\substack} \text{ \$\substack} \	JOHN	D. SINCERE	at (954) 654-	6691
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Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy	Enclosed is a check for the	ne following amount:		
	\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section

TO:

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

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ARTICLES OF	F ORGANIZATION SO
	OF SET
JDS FORENSIC	many as it now appears on our records)
(A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
(A Florida Limi The Articles of Organization for this Limited Liability Comp.	any were filed on 08/05/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	8447 WATERFORD CIRCLE TAMARAC FL 33321
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8447 WATER FORD CIRCLE TAMARAC FL 33321
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address: 849	HT WATERFORD CIRCLE Enter Florida street address
	MARAC Florida 3732/

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		TAMARAC FL 33321	Remove
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/ /nk/h/ 13 / /-/		JOHN D. SINCORE	

Page 3 of 3

Filing Fee: \$25.00