L12000017424

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TALLAHASSEE, FLORIO

T. Murch FEB 2 0 2014

COVER LETTER

TO: Registration Sect Division of Corpo			••
CURIECT	JLDCON	CEPTS,LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Jimm	ny Lee Davis Jr	
		Name of Person	
	JLDC	ONCEPTS, LLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	15973 18	ST AVENUE NOF	RTH
		Address	
	SAINT PET	TERSBURG FL, 3	33733
		City/State and Zip Code	
		EPTSLLC@GMAIL.CO o be used for future annual report notifica	
For further information cor	cerning this matter, please ca	•	,
	-		10.40
	DAVIS JR	at (941) 313-4	
Name of F	rerson	Area Code Daytime I	elephone 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)

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

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appear			
(A Florida Limi	ted Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document numberL12000017424	any were filed on	02/06/2012	and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	iability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limited	Liability Company," the	lesignation "LLC" or th	ne abbreviation	"L.L.C."
Enter new principal offices address, if applicable: 15973 1st Avenue No.				
(Principal office address MUST BE A STREET ADDRESS	2 Saint Peters	burg FL, 33733	14 S	le u
			CRETAR LAHASS	semani.
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			STATE STATE FLORIDA	J
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, ente	er the nam	e of the nev
Name of New Registered Agent:				
New Registered Office Address:	15973 1st Avenue North Enter Florida street address			
s	aint Petersburg	. Florida	33733	
	City	, i torida	Zip Сос	le

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 a mending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Name Address **Type of Action** Jimmy Lee Davis III **MGR** 2723 Central Ave. Saint Petersburg FL, 33713 ■ Remove □ Add □ Remove □ Add ☐ Remove □ Add ☐ Remove _□ Add ☐ Remove

	ew e-mail address. jldconceptsllc@gmail.com			
(The effect	re date, if other than the date of filing: 102/21/14 (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) February 13th 2014			
	Signature of a member of anthorized representative of a member of anthorized representative of a member of signee			
		SECRETA	14 FEB	es ta

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Filing Fee: \$25.00