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(Document Number)	
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## COVER LETTER

Div	ision of Corp	porations				
SUBJECT.	JDH Enterpr	rises of Polk County, LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Gail W. Curtis				
	Name of Person					
JDH Enterprises of Polk County, LLC						
Firm/Company						
11635 NW 1st Ave						
Address						
		Gainesville, FL 32607				
			City/State and Zip Code			
		gailcurtis@jotar.com			. 2	
		E-mail address: (	to be used for future annual report notifi	cation)	A 520	
For further in	nformation co	oncerning this matter, please of	all:		2020 SEP 2	77
Gail Curtis			352 332-0838 at ()		>	777
	Name of			Telephone Number	PM 7: 06	Ö
Enclosed is a	check for the	e following amount:		,		
\$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

TO:

**Registration Section** 

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

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JDH Enter prises of Polk Collecty, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co Florida document number L12000058356	ompany were filed on 4/30/201	2 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designat	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADDR	(ESS)	<u> </u>	
	-	D20 SEP 2	
Enter new mailing address, if applicable:	<del></del> -	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		97 P 111	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	11. B	<u>red</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet 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 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
AMBR	BL Investment Fund, LLC	11635 NW 1st Ave	<b>≡</b> Add
		Gainesville, FL 32607	□Remove
			□Change
		<del></del>	□ Add
			□Remove
	<del></del>		□Add
			□ Remove
	<u>.</u>		Change  TALL AHAS
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable st ument's effective date on the Department of State's records.	of filing or more than 90 days after	er filing.) Pursuant to	o 605.020 e listed a
cord specifies a delayed effective date, but not an effective time, at s filed.	12:01 a.m. on the earlier of: (	b) The 90th day	after the
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	representative of a member		-