LI5000136176

	(Requestor's Name)	
	(Address)	
I	(Address)	
	(City/State/Zip/Phone	e #)
PICK-UF	P WAIT	MAIL
	(Business Entity Nar	ne)
	(Document Number)	
Certified Copies	Certificates	s of Status
Special Instructions	to Filing Officer:	
	Office Use On	ly



03/27/13--01011 -014 **25.00

S TALLENT

APR 0 9 2019



18 HAR 27 PH 3: 59

••

TO:

Registration Section Division of Corporations

.

COVER LETTER

SUBJECT: JDF Holdings LLC
SUBJECT: JDF Holdings LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
DER.IK FAT
Name of Person
Firm/Company
8581 Delle Mende, M.
Address
FAT MYERS FL. 33908
City/Stale and Zip Code
E-mail address: (to be used for future annua report notification)
For further information concerning this matter, please call:
DERLIKE FA-1 at (239) 292.3876
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



□ \$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

JDF Holdings, UC	
(<u>Name of the Linited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{8 10 2015}{1114}$	and assigned
Florida document number <u>L15000136116</u>	

This amendment is submitted to amend the following:

.

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	د. م
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ېږې ۲۵۸ م

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	Pess
	, `	Florida 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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

.

<u>Title</u>	Name	Address	Type of Action
AMBA Jillian Fay	Jillian Fay	8581 belle Mende M	O Add
	l	8581 Belle Mende M Fort myas, FL, 33908	Remove
		•	Change
			Add
			Remove
			Change
			🗆 Add
			Remove
			Change
		·······	O Add
			Remove
			Change
			Add
			🛛 Remove
			Change
			🖸 Add
			C Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

.

.

,

-	
-	
-	
-	
-	
-	
_	
_	
-	
-	
-	
-	
-	
-	
-	
-	
Ffort	ive date, if other than the date of filing: (optional)
(If an ef	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
·	
f the real	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
b) ine	90th day after the record is file.
Datad	3/25/19
Dated	
	Signature of a member or authorized representative of a member
	Yt /
	DERLIK FAY
	Typed or printed name of signee



Filing Fee: \$25.00