16000101940

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2021 COT 16 TO 12: 24

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
CHB HCZYC.	JDL Conne				
SUBJECT:	-	Name of Lirr	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	emitted for filing.		
		ondence concerning this matter	•		
		Jonathan D Littell Sr			
			Name of Person		-
		JDL Connect LLC			
			Firm/Company		
		1258 W Wellington Dr			
			Address	<u> </u>	•
		Deltona FL 32725			. 73
			City/State and Zip Code		· : :
		jdlconnect@gmail.com		,	
		E-mail address: (to be used for future annual report not	ification)	
For further in	nformation c	oncerning this matter, please c	all:		[] [] 24
Jonathan D I	Littell Sr		386 717-6505		·····
	Name o	f Person		ne Telephone Number	
Enclosed is a	check for th	ne 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 &
	iling Addres		Street Address:		
	gistration S vision of C	Section orporations	Registration Se Division of Co		
). Box 632	-	The Centre of T	•	
Tal	lahassee. I	FL 32314	2415 N. Monro	e Street, Suite 8	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L16000101940.	and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	<u>ny here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company."	
Enter new principal offices address, if applicable:	737.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.
(Principal office address MUST BE A STREET ADDRESS)	, ,
Enter new mailing address, if applicable:	53
(Mailing address MAY BE A POST OFFICE BOX)	
	1 • 1
B. If amending the registered agent and/or registered office address on o agent and/or the new registered office address here:	ur records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r Florida street address
	Florida Zip Code
City	Zip Code

company has been notified in writing of this change.

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

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
MGR	Beth A Littell	1258 W Wellington Dr	□Add
		Deltona FL	Remove
		32725	□Change
·····			□Add
			□Remove
			⊒Change
			€ Add
			== ☐Remove
			i⊠Change ·
			□Remove
			DAdd
		<u> </u>	□ Remove
			□Change
			□Add
			□Remove
			□ Chunga

				
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fective date, if other than the da	te of filing:		(optional)	4
n effective date is listed, the date must be	specific and cannot be price		than 90 days after filing	.) Pursuant to 605.026
ite: If the date inserted in this block			equirements, this date	will not be listed a
cument's effective date on the Depa	rument of State's record	S.		
ecord specifies a delayed effective da	ate, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The	ne 90th day after th
is filed.				
May 10 ted	2023			<u> </u>
	<u> </u>			- :
		15_		<u>.</u>
Sie	quature of a member or aut	horized representative of:	a member	16.112: 2 <u>1</u>
5.5	,			