417000099091

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COVER LETTER

TO:	Registration Se Division of Cor			
cuntra	JJND LLC			
SUBJEC	~I:	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		indence concerning this matter	_	
		JOSIANE JACQUES-HIR	ST	
			Name of Person	
			Firm Company	
		1106 SW 44TH WAY, 🐅	LA INT	
		JOSIANE_JACQUES@Y/ E-mail address: i	City/State and Zip Code CHOO.COM to be used for future sansal report notifi	enist@gmail.com
For furth	ner information c	oncerning this matter, please c		
JOSIAN	IE JACQUES-H	IRST	954 573-4542 at ()	
	Name o	f Person		Telephone Number
Enclosed	l is a check for th	he 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)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURIE Registration Section Division of Corport Clifton Building 2661 Executive Cer	n utions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JIND 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 Company were filed on $\frac{05/04/2017}{1}$ and assigned Florida document number L17000099091 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: J & D CUSTOMES LLC The new name must be distinguishable and contain the words "Limited Liability 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) PO BOX 970147 Enter new mailing address, if applicable: COCONUT CREEK, FL 33097 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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
			□ Remove
			Change
			Add
			Remove
			☐ Change
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		-	
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
josianehirst@gmaulcam
A. the Correct specting of the LLC 15 JiD "USD CUSTOMS LLC"
FILE PER 26
PH 2 26 PH 17 IE PH 0RDA
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated FEBRUARY 8 2017 Signature of a member of anthorized representative of a member
JOSIANE JACQUES-HIRST Typed or printed name of signee

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Filing Fee: \$25.00