L17000233337

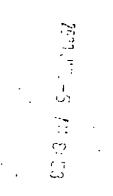
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COVER LETTER

TO: Registration Se Division of Cor			•	
JILD GRO	UP, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Alex C. Najarian, Esq.			
		Name of Person		
	The Corneal Law Firm			
		Firm/Company		
	509 Anastasia Blvd.			
		Address		
	St. Augustine, FL 32080		ال ،	
		City/State and Zip Code		
	alex@comeallaw.com		·	
	E-mail address: (to be used for future annual report	notification)	
For further information c	oncerning this matter, please c	all:		
Alex C. Najarian, Esq.		904 819-533: at ()		
Name o	f Person	Area Code Day	time Telephone Number	
Enclosed is a check for the	ne 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		Street Address Registration		
Registration : Division of C		_	Registration Section Division of Corporations	
P.O. Box 632	27		f Tallahassee	
Tallahassee,	FL 32314	2415 N. Moi	roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JILD GROUP, LLC	
(Name of the Limited Liab (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L17000233337	Company were filed on November 13, 2017 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADD	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	
	:
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address Florida

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, 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	Ethan M. Dougherty	7440 US 1 North, Suite 108	□Add
		St. Augustine, FL 32095	■Remove
			□Change
	 		
,		<u></u>	□ Remove
			Change
			□Add〕
			□ Remove
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			Change
			□Add
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			□ Change

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<u> </u>		
		μ_{i}
Tective date, if other than the in effective date is listed, the date muster. If the date inserted in this blooment's effective date on the December 2.	ock does not meet the applicable statutory f	(optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
ecord specifies a delayed effectiv is filed.	e date, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day after the
June 30	2023	
	1/ //	

Filing Fee: \$25.00