

L17000247117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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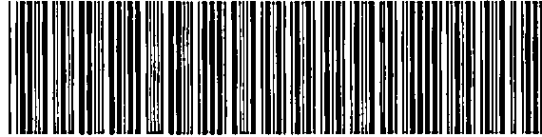
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SCOTT
JAN 25 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JDAD, 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:

Kevin F. Jursinski, Esq.

Name of Person

Kevin F. Jursinski, P.A.

Firm/Company

15701 S. Tamiami Trail

Address

Fort Myers, FL 33908

City/State and Zip Code

management@linked-pc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin F. Jursinski, Esq.

Name of Person

239 337-1147
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

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TALLAHASSEE, FLORIDA

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

JDAD, 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 12/04/2017 and assigned
Florida document number L17000247127.

This amendment is submitted to amend the following:

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

JDAD IP, 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)

Enter new mailing address, if applicable:

(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:

Kevin F. Jursinski, Esq.

New Registered Office Address:

15701 S. Tamiami Trail

Enter Florida street address

Fort Myers

, Florida

City

33908

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Avila Summit Holding I, LLC	4050 Warehouse Road, #1	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33916	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Avila Summit Holding II, LLC	4050 Warehouse Road, #1	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33916	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andres Saavedra		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Julio Saavedra		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated January 17, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee