

L18 000019514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

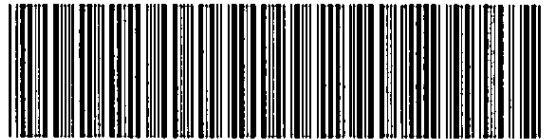
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JD3 Enterprises 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:

Joseph Dillard III
Name of Person

JD3 Enterprises LLC
Firm/Company

1017B Chipola Rd.
Address

Fort Pierce, FL 34950
City/State and Zip Code

josephdillard3@jd3enterprises.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Dillard III at (772) 212-5064
Name of Person 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

JD3 Enterprists 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 Jan. 22, 2018 and assigned Florida document number L28000019514.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

401 E. Jackson St., Suite 2340,
Tampa, Fl, 33602

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

401 E. Jackson St., Suite 2340,
Tampa, Fl, 33602

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:

Joseph Dillard III

New Registered Office Address:

401 E. Jackson St., suite 2340

Enter Florida street address

Tampa

City

Florida

33602

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.

Joseph Dillard III

170717071

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> |
|--------------|--------------------|----------------------------|--|
| AMBR | Joseph Dillard III | 1017 B Chipola Rd., | <input checked="" type="checkbox"/> Add |
| | | Fort Pierce, FL 34950 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AR | Raquel Bizzell | 1017A Chipola Rd. | <input checked="" type="checkbox"/> Add |
| | | Fort Pierce, FL 34950 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AR | Alicia McGee | 305 S 21 st St, | <input type="checkbox"/> Add |
| | | Fort Pierce, FL | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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[illegible]

(If an effective 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)(b)

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.

Signature of a member or authorized representative of a member

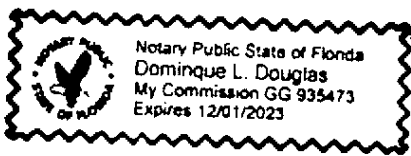
Joseph Dillard III
Typed or printed name of signee

I, Alicia McGee, current authorized representative give full consent to be removed from JD3 Enterprises LLC on this day, April 20th, 2021. In the presence of Joseph Dillard III, current AMBR of JD3 Enterprises LLC.

I give full consent to be removed from all business accounts, bank accounts, and licenses.

Joseph Dillard III Joseph Dillard III 4/20/21

Alicia McGee Alicia McGee 4/20/21



Douglas 4/20/21

I, Joseph Dillard III, current AMBR consent to the removal of Alicia McGee current AR.

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