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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: JOD TECHNOLOGY GROUP, 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:
John O. Durling II  Name of Person
JOD TECHNOLOGY GROUP, UC
1927 SE 40th Terrace Apt. 208
Cape Coral FLORIDA 3.3904 City State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John O. Dorling II at (860) 817-0229  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:  \$\frac{12}{30.00}\$ \text{Filing Fee &   \$\frac{1}{30.00}\$ \text{Filing Fee &   \$\frac{1}
Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOD TEC	HNOLO	GY GRO	DP LL	<u> </u>
(Name of the Limite	ed Liability Company (A Florida Limited Lia	y as it now appears on o ability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L/80006</u>	ability Company w	vere filed on <u>M</u>	irch 14.5 20	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabili	ity company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability	y Company," the designa	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	able:			<del></del> _
(Principal office address MUST BE A STREE)	<u>T ADDRESS)</u>			SEL
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>3<i>0X</i>)</u>			HUN 21 PH 3: 11
B. If amending the registered agent and/oregistered agent and/or the new registered off		ce address on our	records, enter	the name of the ne
Name of New Registered Agent:		ohn O. I	Jurling I	
New Registered Office Address:	1927	Enter Florida sti	emace,	4pt 208
	Cape Co	City	, Florida	33904 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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mr.	John O. Durling I	1927 SE 40th Temice Apr 208 Cape Coral, FL. 3390	□ Add
	V	Apt 208	Remove
		Cipe Coral, FL. 3390	Change Change
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n effect ote: If	e date, if other than the date of filing:		
recor The 90	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day after the record is filed.	on the ear	rlier o
ted	Signature of a member or authorized representative of a member		
	· I · · ·		
	John () Durling TI		

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Filing Fee: \$25.00