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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JD Blue Line, 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:
Jack marcos Gonzalez Name of Person
JD Blue Line, LLC Firm/Company
273 Southern Rose Dr.
Jacksonville GL 32225 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jack Marcos Genzalez at 901, 755-2090 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

JD Blue Line	UC		
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	i our records.	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1800079090</u>	y were filed on <u>3 /</u>	28/2018	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desig	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			ಹ ! ಕ್ರಿ
(Principal office address MUST BE A STREET ADDRESS)			
			<u> </u>
Enter new mailing address, if applicable:			- 3 3
(Mailing address MAY BE A POST OFFICE BOX)			9 2
		<u></u>	<u></u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, <u>enter th</u>	e name of the new
registered agent and/or the new registered office address he	<u></u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-		Florida	
New Registered Agent's Signature, if changing Registered Agent	Cny.		Zıp Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	- ree to act in this capa ? performance of my provided for in Chap	duties, and I am fam oter 605, F.S. Or, if t	uiliar with and this document is

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

Title Name **Address** Type of Action Dilenia Pita 27-3 Southern ROSP Dr. 0 Add Jacksonville, Fil 32225 _□ Change AP/MGR Jack marcos Gonzalez 273 Southern Rose Dr. pradd Jacksonville, Gl 32725 - Remove _ 🗆 Change □ Add ☐ Remove ____

Change □ Add □ Remove _□ Change □ Remove ☐ Change □ Remove __ 🗆 Change

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Effect	ive date, if other than the date of filing:	(AF I)	207/
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records.	listed	207 (as t
the red	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	arlier	of:
) The	90th day after the record is filed.		•
Dated	June 11 . 2018.		
	Signature of a member or authorized representative of a member	2_	
	Jach Mar Cos Gonza le Z Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00