

L180000 84623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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06/18/20--01014--009 **85.0

2020 JUN 18 AM 8:06

AUG 04 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JDD CREATIONS, 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:

DAVID BELLMAH

Name of Person

JDD CREATIONS, LLC

Firm/Company

3822 NW 52ND ST.

Address

BOCA RATON, FL 33496

City/State and Zip Code

dbellsa1@gmail.com

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

For further information concerning this matter, please call:

JOHN PAIST

Name of Person

at (630)

Area Code

415-8978

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

628 JUN 18 AM 8:06

JDD CREATIONS, 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 APRIL 3, 2018 and assigned
Florida document number L18000084623.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

143 OPAL POINT DR
SMITHVILLE, TN 37166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

143 OPAL POINT DR
SMITHVILLE, TN 37166

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:

JOHN PAIST

New Registered Office Address:

3822 HWY 504 ST

Enter Florida street address

BOCA RATON
City

Florida

33496
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, changed, or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	DAVID BELMAN	3822 NW 50 th ST. Boca Raton, FL 33496	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR/OWNER	JOHN PAIST	143 OPAL POINT DR SMITHVILLE, TN 37166	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
OWNER	FREDRICK VALKER	7511 E. SUNNYVALE DR SCOTTSDALE, AZ 85255	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
OWNER	DANIELA FERNANDEZ	71 W. 47 th SUITE 402-A New York, NY 10036	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

[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 605.021

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.

T. Bell

David Bellman

Filing Fee: \$25.00