## L18000243536

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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SECONDARY - 7 PM 4: 52

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## **COVER LETTER**

| SUBJECT:                   | JDLA HOLDINGS, L                                  | LC  |   |  |  |  |
|----------------------------|---|---|---|--|--|--|
|                            | Name of Lim                                       | tited Liability Company   |   |  |  |  |
| The enclosed Articles of   | Amendment and fee(s) are sub                      | emitted for filing.   |   |  |  |  |
| Please return all correspo | ondence concerning this matter                    | to the following:   |   |  |  |  |
|                            |   | SIMON RUIZ  |   |  |  |  |
|                            |   | Name of Person  |   |  |  |  |
| JDLA HOLDINGS, LLC         |   |   |   |  |  |  |
|                            | Firm/Company                                      |   |   |  |  |  |
|                            | 828 NW 23 CT                                      |   |   |  |  |  |
|                            | Address   |   |   |  |  |  |
| MIAMI , FL, 33125          |   |   |   |  |  |  |
|                            | City/State and Zip Code<br>simonruiz 11@yahoo.com |   |   |  |  |  |
|                            | E-mail address: (                                 | to be used for future annual report noti                            | tication)   |  |  |  |
| For further information of | concerning this matter, please co                 | all:  |   |  |  |  |
| SIMON RUIZ                 |   | 786 715 20-19   |   |  |  |  |
| Name o                     | of Person   |   | e Telephone Number  |  |  |  |
| Enclosed is a check for t  | he following amount:                              |   |   |  |  |  |
| ■ \$25.00 Filing Fee       | □ \$30.00 Filing Fee &<br>Certificate of Status   | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
|                            |   |   |   |  |  |  |

MAILING ADDRESS:

TO: Registration Section Division of Corporations

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

| JDLA HOLDI   | NGS, LLC                                    |                                       |                     |
|--|---|---------------------------------------|---------------------|
| ( <u>Name of the Limited Liability Compar</u><br>(A Florida Limited L  | ny as it now appears on cliability Company) | our <u>records.</u> )                 | <del></del>         |
| The Articles of Organization for this Limited Liability Company  | were filed on10/1                           | 5/2018                                | and assigned        |
| Florida document number <u>L18000243536</u> .  |   |                                       |                     |
| This amendment is submitted to amend the following:  |   |                                       |                     |
| A. If amending name, enter the new name of the limited liabi   | lity company here:                          |                                       |                     |
| The new name must be distinguishable and contain the words "Limited Liabili  | ity Company," the designa                   | ntion "LLC" or the abl                | previation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |                                       |                     |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                                       | <del></del>         |
|  |   |                                       |                     |
|  |   |                                       | <b>影</b>            |
| Enter new mailing address, if applicable:  |   |                                       | 2 用                 |
| Mailing address MAY BE A POST OFFICE BOX)  |   | · · · · · · · · · · · · · · · · · · · | F D                 |
|  |   |                                       | 57. <b>F</b>        |
|  |   |                                       | (E) 52              |
| 3. If amending the registered agent and/or registered of<br>registered agent and/or the new registered office address here |   | records, enter                        | the name of the ne  |
| Name of New Registered Agent:  |   |                                       |                     |
| New Registered Office Address:   |   |                                       |                     |
|  | Enter Florida sti                           | reet address                          |                     |
|  |   | Florida                               |                     |
|  | City  |                                       | 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>  | Address                                     | Type of Action |
|--------------|--------------|---|----------------|
| MGR          | SIMON RUIZ   | 828 NW 23 CT                                |                |
|              |              |   | Add            |
|              |              |   | ■ Remove       |
|              |              |   | □ Change       |
| MGR          | DANA BARRERA | 175 SW 7TH ST SUITE 1410<br>MIAMI FL. 33130 | ■ Add          |
|              |              |   | B Add          |
|              |              |   | □ Remove       |
|              |              |   | ☐ Change       |
|              |              |   | □ Add          |
|              |              |   | □ Remove       |
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|              |              |   |                |
|              |              |   | □ Remove       |
|              |              |   | Change         |

| D. If amending any other in  | formation, enter change(s) here: (      | (Attach additional sheets, if necessary.)  |
|--|---|--|
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| (If an effective date is listed, the c<br><u>Note:</u> If the date inserted in | this block does not meet the applicable | (optional) late of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3)( e statutory filing requirements, this date will not be listed as the |
| document's effective date or   | the Department of State's records.      |  |
| If the record specifies a de<br>(b) The 90th day after th                      |   | n effective time, at 12:01 a.m. on the earlier of:   |
| Dated March 02   | 2019                                    |  |
| M  | 4/1                                     |  |
|  | Signature of a member or authorize      | ed representative of a member  |
| SIMONA   | Úiz                                     |  |

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Typed or printed name of signee

Filing Fee: \$25.00