L19000032418

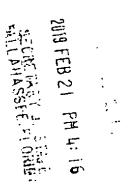
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600324617376

ũ2/21/19-~010ŭ8-~0ú6 ••35.úú



COVER LETTER

TO:

TO: Registration Se Division of Co		,	TO BE SERVICE
ID Man	n Consulting, LLC		ACC. FE
SUBJECT: JD Mani		ited Liability Company	- Take of
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	The second second
Please return all correspo	ondence concerning this matter	to the following:	
	Justin D. Mann		
		Name of Person	
	JD Mann Consulting	, LLC	
		Firm/Company	
	1022 Landon Ave	enue	
		Address	<u> </u>
	Jacksonville FL 32207		
		City/State and Zip Code	·
	just2063@gmail.com	to be used for future annual report notific	estion)
For further information of	concerning this matter, please co		and the second s
Justin D. Mann		a. (229) 269-3874	
Name (of Person	at (Telephone Number
Enclosed is a check for t	he following amount:		
2 \$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)
	ING ADDRESS: ration Section	STREET/COURIE Registration Section	R ADDRESS:
Divisio	on of Corporations ox 6327	Division of Corporat Clifton Building	ions
1.O. D	UN UJE /	Canton Dunumy	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

company has been notified in writing of this change.

Ar,		AMENDMEN	1	
		O	~	
ART	ICLES OF C	DRGANIZATI	ON and the	
	0	F		
			ON in our records.) /19 and assigned	
JD Mann Consulting, LLC			Total Section	
	ted Liability Compa	ny as it now appears of Liability Company)	n our records.)	
	(A Florida Limited l	Liability Company)		
		1/21	110	
The Articles of Organization for this Limited L	liability Company	were filed on 1/31	and assigned	
Florida document number L19000032418	·			
This amendment is submitted to amend the fol-	lowing:			
A. If amending name, enter the new name of	of the limited ligh	ility sampany have		
A. It amending name, enter the new name (or the limited had	mny company nere	•	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	rable:	7901 4th St N		
		STE 300		
(Principal office address MUST BE A STREI	ET ADDRESS)			
		St. Petersburg FL 33702		
Enter now mailing address if applicables		7901 4th St N		
Enter new mailing address, if applicable:		STE 300		
<u>(Mailing address MAY BE A POST OFFICE</u>	BOX)			
		St. Petersburg	FL 33702	
B. If amending the registered agent and	or registered of	ffice address on o	ur records, <u>enter the name of the ne</u> v	
registered agent and/or the new registered o				
		_		
Name of Name Designated Assess	Northwest	t Registered A	gent IIC	
Name of New Registered Agent:		- Togiotorou /	9071, 220.	
New Registered Office Address:	7901 4th 9	St N STE 300		
	Enter Florida street address			
	St. Peters	hura	33702	
			, Florida 33702	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere	ed agent and agr	ee to act in this ca	pacity. I further garee to comply with the	
provisions of all statutes relative to the prop				
accept the obligations of my position as reg				

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If amiending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Justin D. Mann	7901 4th Street N	Add
		Suite 300	Remove
		St. Petersburg, FL 33702	Change
			Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			🗖 Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			🗖 Add
			☐ Remove
			☐ Change

. II amendi	ng any other intorn	iadou, enter change(s)	nere. (Attach tata	itional sheets, if necessary	·· /
-					
					
	·				
				·	
(If an effective Note: If the	ne date inserted in this	nust be specific and cannot be	pplicable statutory fi	(optional) r more than 90 days after filing. ling requirements, this date	
f the record b) The 900	specifies a delay th day after the re	ed effective date, buecord is filed.	it not an effective	e time, at 12:01 a.m.	on the earlier of:
Dated	2/15/19	. 14:	52		
	from C)M	m		
	Justin D. I	Segnature of a member of	r authorized representat	ive of a member	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee