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Amend

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	Registration Se Division of Cor		· , , , , , , , , , , , , , , , , , , ,	
·	Adding Off			
SUBJECT	I:		nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	arn all correspo	ndence concerning this matter	to the following:	
		John Taddeo		
		Posada Taddeo Dietiker	Name of Person	
		3111 N University Drive,	Firm/Company Suite 720	
		Coral Springs, FL 33065	Address	
		john.taddeo@ptd.faw	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For further	r information co	oncerning this matter, please c	all:	
John Tadd	leo		561 702-6478 at ()	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed i	s a check for th	ne 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

company has been notified in writing of this change.

	TO		_2
ARTICLES O	F ORGANIZAT	ΓΙΟΝ	
	OF		
J2D HOLDINGS, LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appear ited Liability Company)	rs on our records.)	and assigned
The Articles of Organization for this Limited Liability Comp	nny were filed on ^M	arch 18 2019	د <i>ې</i> and assigned
Florida document number L19000075844	,	W	and assigned
This amendment is submitted to amend the following:			
This difference is submitted to different the regioning.			
A. If amending name, enter the new name of the limited	liability company h	ere:	
The new name must be distinguishable and contain the words "Limited	Liability Company." the c	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS			
THICIPAL OFFICE MADERS WOST DE A STREET ADDRESS.	<u> </u>	311.	<u> </u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			<u>.</u>
3. If amending the registered agent and/or registere		our records, <u>ente</u>	r the name of the new
registered agent and/or the new registered office address	here:		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Flor	ida street address	
	City	, Florida _	Zip Code
iew Registered Agent's Signature, if changing Registered Ag	·		,
hereby accept the appointment as registered agent and	agree to act in this i	capacity. I further a	gree to comply with the
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent	iete performance of	my auties, and Lan	i Jamitiar with and

If Changing Registered Agent, Signature of New Registered Agent

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Secy	Dillon Curtain	3515 Daniel Crescent	
			Add
		Baldwin, NY 11510	
			Remove
			Change
	Dean Curtain	3515 Daniel Crescent	u change
VP			Add
		Baldwin, NY 11510	
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ctive date, if other than t	Nate of filing:	4ay 3, 2019		(ontional)	
ective date, if other than the effective date is listed, the date is listed in this ument's effective date on the	s block does not meet	the applicable si	of filing or more than atutory filing requi	90 days after filing.) Pur rements, this date will	rsuant to 605.0207 not be listed as
record specifies a delay ne 90th day after the r	red effective date ecord is filed.	e, but not an	effective time, a	at 12:01 a.m. on	the earlier o
d <u>May 3,</u>	20	019			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00