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COVER LETTER

TO:		on Section f Corporations							
OLIB IE		AN ENTERPRISES LLC							
SUBJE	CI:	Γ:Name of Limited Liability Company							
The enc	losed Artic	les of Amendment and fee(s) are submitted for filing.							
Please r	eturn all co	rrespondence concerning this matter to the following:							
		Daniel Wilson							
		Name of Person JA'DAN ENTERPRISES LLC							
		Firm/Company 11714 Lake Blvd							
		Address New Port Richey, FL 34655							
		City/State and Zip Code atyourservice34@yahoo.com							
		E-mail address: (to be used for future annual report notification)							
For furt	her inform	tion concerning this matter, please call:							
Daniel		727 410-5134 at ()							
	i	lame of Person Area Code Daytime Telephone Number							
Enclose	d is a chec	s for the following amount:							
□ \$ 25	.00 Filing	Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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

JA'DAN ENTERPRISES 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 with Florida document number	vere filed on 5/12/19	and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabile	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or th	ne abbreviation "	L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		2019 ₁	
B. If amending the registered agent and/or registered office address here:		ter_the name	*******
Name of New Registered Agent:		11 I	-
New Registered Office Address:	Enter Florida street address	<u> </u>	
		•	
	, Florida	IZip Cod	'e
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I d vovided for in Chapter 605, F.S.	am familiar w Or, if this do	vith and cument 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	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Daniel Wilson	11714 Lake Blvd. New Port Richey, FL 34655	<u></u>
			Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			Remove
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			🖸 Add
			☐ Remove
			☐ Change

. II amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Note: If the	date, if other than the date of filing:
the record) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	gust 19 2019
	audell
	Signature of a member or authorized representative of a member
	Jemma Wilson

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Filing Fee: \$25.00