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| (Re | equestor's Name) | |
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: JDT Solutions 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: |
| Joshua Thurp Name of Person |
| JAT Solutions LLC Firm/Company |
| 8905 Rberts Ra |
| City/State and Zip Code Tash d Thorp & grna 1 - Com E-mail address: (to be fised for future annual report notification) |
| For further information concerning this matter, please call: |
| Toshina Thaip at (813) 758 - 0894 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$} |

MAILING ADDRESS:

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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

| JI)T Solutions | LLC | |
|--|--|-------------------------|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | was it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company vi Florida document number <u>L19000183807</u> . | were filed on $\frac{7/17/201}{}$ | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | ty Company," the designation "LLC" or the | 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: | | 77 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 19 0 T |
| | | |
| B. If amending the registered agent and/or registered offi | ico address on our records ento | children of the con |
| registered agent and/or the new registered office address here: | | Tig = |
| | | 語る |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | Zin Code |
| New Registered Agent's Signature, if changing Registered Agent: | **** | mp om |
| I hereby accept the appointment as registered agent and agree | e to act in this capacity. I further a | oree to comply with the |
| provisions of all statutes relative to the proper and complete p | performance of my duties, and I am | familiar with and |
| accept the obligations of my position as registered agent as pr | ovided for in Chapter 605, F.S. Or | r, if this document is |

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

company has been notified in writing of this change.

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 |
|--------------|-------------|------------------------------------|----------------|
| MGR | Josh Tharp | 8905 Ruberts Rd Odessa FL 33556 | 🗹 Add |
| | | | □ Remove |
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| (If an ef Note: | ive date, if other than the date of filing: |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | Signature of a member or amborized representative of a member |
| | Joshua Tharp Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00