

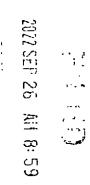
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SEP 27 2022

D CUSHING

## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	orporations			
	tarial Enterprises, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Mary Judith Fuller			
	_	Name of Person		
	JDF Secretarial Enterprises	s. LLC		
		Firm/Company	. 2	
	549 Virginia Dirve		2022 SEP	
		Address	·	
	Lake Helen, FL 32744		. 26	
		City/State and Zip Code		
	JDFLLC@yahoo.com		සු - යා fication) උද ශ	
	E-mail address: (	to be used for future annual report noti	fication) (1) (2)	
For further information	concerning this matter, please c	all:		
Mary Judith Fuller		386 215-1988 at ()		
Name	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
<b>■</b> \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address; Registration Se	ction	
Division of Corporations		Division of Cor	porations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of T 2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303



March 27, 2022

MARY JUDITH FULLER 549 VIRGINIA DRIVE LAKE HELEN, FL 32744

SUBJECT: JDF SECRETARIAL ENTERPRISES, LLC

Ref. Number: L19000189866

We have received your document for JDF SECRETARIAL ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 022A00007133

-www.sunbiz.org

## ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

JDF Secretarial Enterprises, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited	Liability Company	were filed on 7/30/2019	င္ and assigned
orida document number L19000189866			
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liab	oility company here:	
DF, LLC.			
ne new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" (	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		549 Virginia Drive	
(Principal office address MUST BE A STREET ADDRESS)		Lake Helen, FL 32744	
nter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or the new registered office addressed of New Registered Agent:	registered office as here:  N/A	address on our records, <u>enter th</u>	e name of the new regis
Many Descriptored Office Address	N/A		
New Registered Office Address:	<del></del>	Enter Florida street address	<del></del>
		, Flori	da

## 1

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, 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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Remove
			□Change
			□Add
			□Remove
	<del></del>	<del></del> .	□ Add
		□Remove	
			□Remove
		□ Change	

D. If amending any other information, enter change(s) he	re: (Attach additional sheets, if necessary.)
·	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific an I cannot be pringle. If the date inserted in this block does not meet the application document's effective date on the Department of State's record	or to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) icable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but no: an effective record is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 9 9/24, 2022	horized representative of a member
Mary Judith Full	annuel representative of a memori

Filing Fee: \$25.00

Typed or printed name of signee