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COVER LETTER

TO: Registration Se Division of Corp			
SUBJECT:	JD Stocks Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Briga	Name of Person	
	JD 5	TXU LLC Firm/Company	
	2241	Pensacola St Address	#74
	Tallaha	City/Sealer and Zip Code	2304
	E-mail address: (c	05(A) (101100. CO) o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	dl:	
Bryan	Dancy	at (850) 759	-700
Name o	f Person J	Area Code Daytime	: Telephone Number
Enclosed is 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)	S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JD Stocks LL	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 0000 3 2 3</u> 4 <i>C</i>	were filed on January 31, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabit Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	124 Pensacola St #74 Talanayse PL 3230
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: 17	jan Dang EAMBR
New Registered Office Address:	1 PENSACOCA ST + 74 Enter Florida street address
Talla	City Florida 32301
New Registered Agent's Signature, if changing Registered Agent:	

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 t	o manage, <u>enter t</u>	<u>he title, name.</u>	and addres	s of each	person	being	added
or removed from our records:							

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MBR-	Bryan Dava	2241 Kensacola St	#71/00
	J	7741 Kensacola St Tallahayar FL 3230	M □Remove
			Change
	11/A		□Add
			□Remove
	17A		200Change DEC
			Remove B Change
	N/A		□Change
			□Remove
	10.		□Change
	1/A		□Add
			□Remove
	1/1 /		□ Change
	- '/A		□Add
		 	🗆 Remove
			□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	amending Title from MER to (AMBR)
	Bryan Davey 910090 Full Own
	Theme Ljon
	2020
	2020 DEC - 7 AH
	9
(If an e Note	ective date, if other than the date of filing: Dec 7th 2000 (optional)
the rece	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d Dec 7th 2020.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Typed or printed name of signee
	Typed or printed name of signce