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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	J D JOHNS	ON ENTERPRISES LLC		•	
JOBJE.		Name of Lim	ited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	indence concerning this matter	to the following:		
		James Dean Johnson			
			Name of Person		
		J D JOHNSON ENTERPR	ISES LLC		
		-	Firm/Company		
		9838 Old Baymeadows Rd. #278 Address			
		Jacksonville, FL 32256			
			City/State and Zip Code		
		jdjohnsonent@gmail.com			
		E-mail address: (to be used for future annual report n	otification)	
For furth	ter information co	oncerning this matter, please c	all:		
James D	Dean Johnson		540 293-1259 at ()		
	Name o	f Person		ime Telephone Number	
Enclosed	d 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)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres	<u>s:</u>	Street Address:		

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

J D JOHNSON ENTERPRISES LLC

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

(A.1	Torida Limites	Liability Company)		
The Articles of Organization for this Limited Liabil	lity Company	were filed on 8/26/2021	and assigned	
Florida document number	·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	oility company here:		
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9838 Old Baymeadows Rd. #278		
		Jacksonville, FL 32256		
Enter new mailing address, if applicable:		9838 Old Baymeadows Rd. #278		
(Muiling address MAY BE A POST OFFICE BOX)		Jacksonville, FL 32256		
B. If amending the registered agent and/or regis agent and/or the new registered office address he Name of New Registered Agent:			name of the new registere	
New Registered Office Address: 9	838 Old Bayn	neadows Rd. #278	- y 	
		Enter Florida street address		
<u>. J.</u>	acksonville	, Florida	32256	
		City	Zip Code	

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 Granging 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>	<u>Address</u>	Type of Action
AMBR	Gregory Blair Stringfellow	8007 Acom Ridge Rd.	≣Add
		Jacksonville FL 32256	Remove
			Change
AMBR	Ara May DeGravelles Hubbard	9838 Old Baymeadows Rd. #278	≣ Add
	Jacksonville, FL 32256	□Remove	
			□Change
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		Signature of a member or authorized representative of a member
James Deun Johnson Typed or printed name of signee		James Deun Johnson

Filing Fee: \$25.00