# h20 000 105303

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7

Office Use Only



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FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

June 30, 2021

DAVE HORAN 20308 CHESTNUT GROVE DR TAMPA, FL 33647 US

SUBJECT: JDL INTERNATIONAL, LLC

Ref. Number: L20000105303

We have received your document for JDL INTERNATIONAL, LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6052.

SHAMIYA M HARRIS Regulatory Specialist II

Letter Number: 421A00014946

## **COVER LETTER**

TO: Registration Section Division of Corpor		
	IDL International LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Ame	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	Dave Horan	
	Name of Person	
	JDL Inkrnational LLC	
-		
	20308 Chestnut From DR	
-	Address	
	Tampa, FL 3364 7  City/State and Zip Code  Hovan & JOLI. Net	
-	City/State and Zip Code	
_	Hovan & JOLI, Net  E-mail address: (to be used for future annual report notification)	
For further information conce	erning this matter, please call:	
Willian	rson at (773) 447-3667 Area Code Daytime Telephone Number	
Name of Per	rson Area Code Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount: -> Already gold \$113.75	
□ \$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 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

OI	हें। सम्बद्धाः क्षा
JDL Internation	1a/ LLC PA 12:22
(Name of the Limited Liability Compan (A Florida Limited Li	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L20000105303</u>	vere filed on 4-16-2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil ${\cal N}$	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	~/4
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Idress on our records, enter the name of the new registered
	Enter Florida street address

### 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Florida

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>	Address 2321 JUL 15 PM 12: 22	Type of Action
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		Unit D Chicago II	□Remove
			Change
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ive date, if other than the date of f	filing:	(optional)
fective date is listed, the date must be specifi	ic and cannot be prior to date of filing	or more than 90 days after filing.) Pursuant to 605 Iling requirements, this date will not be list
nent's effective date on the Department		
d specifies a delayed effective date, bu led.	it not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day after
11 July 2021		
	na T. M	
Signature	of a member or authorized representa	tive of a member

• • • •

Filing Fee: \$25.00