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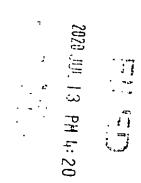
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COVER LETTER

Registration Section Division of Corporations

TO:

CIID IECT.							
SUBJECT: Name of Limited Liability Company							
mi de	And the second for the second	outred & St. C.					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	,	Jose D Lanao					
		Name of Person					
	JDL C	ONTRACTOR SERVICES LLC					
		Firm/Company					
1920 BUCHANAN ST							
Address							
	Н	IOLLYWOOD, FL 33020					
		City/State and Zip Code					
		david.lanao@gmail.com					
	E-mail address: (to be used for future annual report no	titication)				
For further information c	oncerning this matter, please c	all:					
Jose D	Lanao	305 219-8549 at ()					
Name of Person		Area Code Daytii	ne Telephone Number				
Enclosed is a check for the	ne following amount:						
	S30.00 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 Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee					
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J	DL CONTRACTOR SERVICES, LLC		297
(<u>Name of the Lim</u>	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited 1	· · ·	05/11/2020	and assigned
Florida document number			PH 4: 20
This amendment is submitted to amend the fol	lowing:		: 20
A. If amending name, enter the new name	of the limited liability company he	<u>'e</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			
Enter new mailing address, if applicable:	 .		
Mailing address MAY BE A POST OFFICE	(BOX)		. .
B. If amending the registered agent and/or		cords, enter the	name of the new regist
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Jose Ignacio Lanao		
New Registered Office Address:	1920 BUCHANAN ST		
	Enter Flori	da street address	
	HOLLYWOOD	Florid:	a 33020
	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 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
MGR	Jose Ignacio Lanao	1920 BUCHANAN STHOLLYWOOD, FL 33020	= Add
			□Remove
			□Change
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			05/08/2020		
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cument s ei	ffective date on the Departm	iem of State's recor	·ds.		
ecord speci	fies a delayed effective date,	but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (h)	The 90th day after the
is filed.	•			,	
	July 10th	2020			
ted	· · · · · · · · · · · · · · · · · · ·	· -	·		
		DAVIDIAN	(A)	e of a member	
	Signat	ure of a member or a	uthorized representativ	e of a member	