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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JD The OT LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jairett Dollin Name of Person
JD The CT LLC Firm/Company
10547 Pegregass CT Address
Tricity, FL 34655 City/State and Zip Code
Jd the ot eamail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jassett Dettin at (727) 947-2128 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) 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 OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco	<u></u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L200034020</u> 3	were filed on 8171200	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 (
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		30 PH 30 D
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	
	r,nier r toriau street aan	ress
	City , 1	Florida 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Janett Dottin	10547 Peppergrass CT To	inity FL 34655
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			Chemove
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ocument's effective date	on the Department of	f State's records.				
record specifies a delayer	d effective date, but n	iot an effective tim	ne, at 12:01 a.m. o	n the earlier of: (1	o) The 90t	h day after th
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Filing Fee: \$25.00