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Office Use Only



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COVER LETTER

Registration Section

TO:

Division of Corp	orations		
SUBJECT: MD	EnTerpris Name of Lim	Ses of Jax ited Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Manol	Delgado)
	MD EnTer	prises of Jax &	LLC/EleKTronix
	1910 We	11 S Road Su	Te FO7
		City/State and Zip Code	
	metropes E-mail address:	to be used for future annual report notifi	Com eation)
For further information co	ncerning this matter, please c	atl:	
Manolo Name of	Delga do Person	at (904) 881 Area Code Daytime	- 5991 Telephone Number
Enclosed is a check for the	following amount:		
tz \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Se	ection	Street Address: Registration Sec	
Division of Co P.O. Box 6327	, •	Division of Corp The Centre of Ta	
Tallahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Or .		
(Name of the Limited Liability Company as it now appears on our records?) 1: 25		
The Articles of Organization for this Limited Liability Company were filed on $\frac{02/0.3/2021}{0.00059983}$ and assigned		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
, Florida		
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 = 1	Authorized Member		
<u>Title</u>	<u>Name</u>	Address: 13 AH 7: 25	Type of Action
MGR	Delgado, Manob, A	9343 Middlebury Glen CT	□ Add
		Jacksonville, FL	Remove
		32256 US	□Change
MBR	Delgado, Manolo, Albert	o 9343 Middlebury Glen CT	C apygg
		Jacksonville, FL	□Remove
		32256 US	□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

_____ Change

fective date, if other than the date of filing:	2021 HAY 13 AH 7: 25
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ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	meet the applicable statutory filing requirements, this date will not be listed as
is filed.	
ted April 29th 2021.	. 2021
Signature of a member or authorized representative of a member	