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To:

Division of Corporations

Fax Number : (850)617-6383

From:

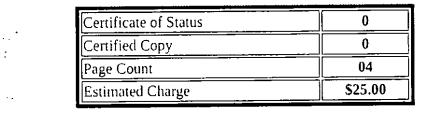
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JD RESELL LLC



MAY 11 2021

M. SOLOWON.

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JD RESELL LLC (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	<del></del>	
ne Articles of Organization for this Limited Liability Company were filed on 02/15/2021 orida document number L21000077836		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 Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1022 Village Pl		
(Principal office address MUST BE A STREET ADDRESS)			
	Davenport FL 33896		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1022 Village Pl	0 PH   1	
	Davenport FL 33896		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:		r the name of the nev	
New Registered Office Address:	Enter Florida street address		
	, Florida _		
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
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Note:	tive date, if other than the date of filing:	5.0207 (3)(b ted as the
If the ro (b) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earle 90th day after the record is filed.	ier of:
Date	05/10 2021 Rilly Pak	

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Typed or printed name of signee

Filing Fee: \$25.00