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COVER LETTER

Tallahassee, FL 32314

TO:

TO:	Registration Section Division of Corporations
SUBJE	J&D Marketplace, LLC
	Name of Limited Liability Company
The en	osed Articles of Amendment and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Jackeline L Currie
	JED Narketplace, LLC Firm/Company
	45/2 San Fratello Cir
	City/State and Zip Code Com E-mail address: (to be used for future annual report notification)
For fu	ner information concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclos	d is a check for the following amount:
Œ \$2	.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address:Street Address:Registration SectionRegistration Section
	Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee
	1.O. DOA UJZ /

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JED Market	place, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were file Florida document number <u>L ZLOCOZO4841</u>	d on 62521 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words "Limited Liability ComparEnter new principal offices address, if applicable:	ny." the designation "LLC" or the abbreviation "L.L.C."	_
(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 o agent and/or the new registered office address here:	n our records, enter the name of the new regis	stere
		3
Name of New Registered Agent:		—
New Registered Office Address:		
E.	Enter Florida street address	
City	, Florida Zip Code	_
	^	

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.

New Registered Agent's Signature, if changing 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	Jackeline L Crine	4512 San Fratello	M DAdd
		4512 Jan Fratello (Lake Worth, FL 33	467 Remove
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to de	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.0
effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to do If the date inserted in this block does not meet the applicable ament's effective date on the Department of State's records.	ate of filing or more than 90 days after filing.) Pursuant to 605.020
ecord specifies a delayed effective date, but not an effective time, is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
304W 2021	
ited UN 2021.	
	<i>C.</i>

Filing Fee: \$25.00