121000304392

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



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13/18/31--6/9/4--017 **30.00

1/10/20 1/10/2

COVER LETTER

TO: Registration Sec Division of Corp		•	
JDR GROU	IP LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	RICARDO GONZALEZ		
		Name of Person	
	JDR GROUP LLC		
		Firm/Company	
		Address	
	_33315		
	City/State and Zip Code		
	RICKYREALTY@HOTM	AIL.COM to be used for future annual report notification)	
For further information c	concerning this matter, please c		,
RICARDO GONZALEZ	<u></u>	305 3169639 5) - - ====7¶
Name o	of Person	at () Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		(** ** *
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	5 ·~/ -

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 Company as it now appears on our records.)

(A Florida Limited Liability Company)

iled on orlow and assigned and assigned
ompany here:
ppany," the designation "L.L.C." or the abbreviation "L.L.C."
ss on our records, <u>enter the name of the new registered</u>
Forter Elevisla street whites
Enter Florida street address
, Florida
Enter Florida street address, Florida ity Zip Code
, Florida

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
AMBR	RICARDO GONZALEZ	307 SW 15 ST FORT LAUDERDALE FL 33315	= Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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ective date, if other than the date effective date is listed, the date must be s	e of filing: pecific and cannot be prior	to date of filing or more th	(optional) an 90 days after filing.) Pursua	nt to 605,020
te: If the date inserted in this block cument's effective date on the Depart	loes not meet the applic	able statutory filing requ		
union seriective date on the Depart	ment of State's records.			
cord specifies a delayed effective dat	e but not an effective ti	me of 12:01 a.m. on thi	earlier of: (b) The 90th c	lay after the
s filed.			(0)	,
INDOMESTICAL AND A COMMENTAL A	2021			
ed DECEMBER 14	. 2021			
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	ature of a member or author	orized representative of a r	nember	

Filing Fee: \$25.00