

L21000304392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

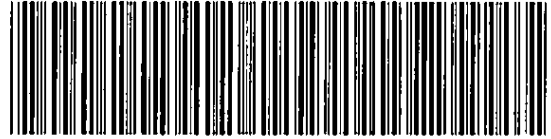
(Document Number)

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J. HORNE  
OCT 30 2023

Office Use Only



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1. 13/25--01019--014 \*\*25.00

23 OCT 19 PM 6:38

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JDR GROUP, 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:

JUAN DAVID ROZO

\_\_\_\_\_  
Name of Person

JDR GROUP, LLC

\_\_\_\_\_  
Firm/Company

1455 N TREASURE DR UNIT 4K

\_\_\_\_\_  
Address

NORTH BAY VILLAGE, FL 33141

\_\_\_\_\_  
City/State and Zip Code

JDRGROUPMIAMI@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN DAVID ROZO

954 203-6351

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

23 OCT 19 11 6:39

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

N/A

1455 N TREASURE DR UNIT 4K

NORTH BAY VILLAGE FL 33141

1455 N TREASURE DR UNIT 4K

NORTH BAY VILLAGE FL 33141

N/A

N/A

Enter Florida street address

\_\_\_\_\_, Florida

Civ

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.*

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	RICARDO GONZALEZ	307 SW 15TH STREET	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICARDO GONZALEZ	307 SW 15TH STREET	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33315	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JUAN D ROZO		<input type="checkbox"/> Add
		1455 N TREASURE DR UNIT 4K	<input type="checkbox"/> Remove
		NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**