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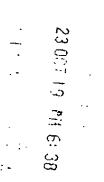
(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

	istration Se ision of Cor		•				
SHRIFCT:	JDR GROUP, LLC Name of Limited Liability Company						
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ondence 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@GM					
		E-mail address: (to be used for future annual report no	tification)			
For further in	iformation e	oncerning this matter, please c	all:				
JUAN DAV	ID ROZO		954 203-6351 at ()				
	Name o	f Person	Area Code Daytii	ne Telephone Number			
Enclosed is a	check for th	ne following amount:					
≅ \$25,00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section			Street Address: Registration Section				
Division of Corporations			Division of Corporations				
P.O. Box 6327			The Centre of	The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ART	TICLES OF O)RGANIZA	TION	•
	C	F		2300
				19/19 19
		OUP LLC		11.
(Name of the Lim	ited Liability Compa (A Florida Limited	<u>iny as it now appea</u> Liability Company)	<u>ers on our records.</u>)	23 (C) 19 Mi 6:
the Articles of Organization for this Limited I	.iability Company	were filed on _	JULY 1st, 2021	and assigned
lorida document number 1.21000304392	·			
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liah	ility company l	<u>iere</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" or th	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1455 N TREA	SURE DR UNIT 4K	
Principal office address MUST BE A STREET ADDRESS)		NORTH BAY	VILLAGE FL 33141	
Inter new mailing address, if applicable:	1455 N TREA	SURE DR UNIT 4K		
Mailing address MAY BE A POST OFFICE	NORTH BAY VILLAGE FL 33141			
3. If amending the registered agent and/or agent and/or the new registered office addr	N 7	address on our	records, <u>enter the i</u>	name of the new registere
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
· ———		Enter Fla	orida street address	
			. Florida	ì
		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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RICARDO GONZALEZ	307 SW 15TH STREET	
		FORT LAUDERDALE, FL 33315	■Remove
			□Change
AMBR	RICARDO GONZALEZ	307 SW 15TH STREET	□Add
		FORT LAUDERDALE, FL 33315	≅Remove
AMBR	JUAN D ROZO		□Add
		1455 N TREASURE DR UNIT 4K	□Remove
		NORTH BAY VILLAGE, FL 33141	■ Change
			□Add
			Remove
			□Change
		-	□Add
			□Remove
		· P Variation	⊡Change
			□Add
			□Remove
		<u></u>	□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional)
(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. OCTOBER 12th 2023 Dated _____ Signature of a member of authorized representative of a member JUAN DAVID ROZO Typed or printed name of signee

Filing Fee: \$25.00