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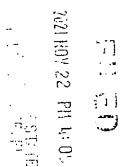
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(Document Number)
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**A. BUTLER DEC** – **8** 2021

## **COVER LETTER**

TO: Registration Se Division of Cor							
SUBJECT: JTD Benefits LLC  Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Larry Zuccolotto	Name of Person					
	JTD Benefits LLC						
		Firm/Company					
	3941 Park Drive suite 205	85 Address					
	El Dorado Hills, CA 9576	2 City/State and Zip Code					
	larryz@jtdbenetits.com E-mail address: (	to be used for future annual report notif	lication}				
For further information c	oncerning this matter, please c	all:					
Larry Zuccolotto		at ( 925 ) 200 2400					
Name of Person		Area Code Daytime	: Telephone Number				
Enclosed is a check for th	ne following amount:						
□ \$25.00 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 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.) 7 22 F7 4: 0%, (A Florida Limited Liability Company)

7 30

The Articles of Organization for this Limited	Liability Company were filed	d on Angust 13 2021	STAF
Florida document number <u>L21000364469</u>		1011 <u>Magast 13, 2021—21. 11. 151</u> (c	mia issuffaca
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability comp	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compan	y." the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address or ess here:	ı our records, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:	Larry Zuccolotto		
New Registered Office Address:	2950 Greystone Drive	nter Florida street address	<del></del>
	7.7	uer r iorida street address	
	Pace City	Florida 32571	Code
New Registered Agent's Signature if abanding	•	z.φ	Cikii.

## 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, 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
			□Remove
			□Change
			□Remove
			□Change
		<del></del>	□ Add
			□ Remove
			□ Change
	<del></del>		
			□Remove
			☐ Change
		<del></del>	□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Chance

Larry Zuccolotto

Typed or printed name of signee