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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|----------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| JD LENDI | NG LLC | | • |
| SUBJECT: | Name of Limi | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Dov Goldstein | | |
| | | Name of Person | |
| | JD LENDING LLC | | |
| | | Firm/Company | |
| | 2904 W LEROY ST | | |
| | | Address | |
| | Tampa, FL 33607 | | |
| | dave@bavevlending.com | City/State and Zip Code | 202 SE(|
| | E-mail address: (| to be used for future annual report notification | E SH I |
| For further information | concerning this matter, please c | all: | 2021 SEP 13 SECRETARY |
| Dov Goldstein | | 443 4102071 | 77 |
| Name | of Person | at () | phone Number 7: 29 |
| Enclosed is a check for | the 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

| JD LENDING LLC | | |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | pany as it now appears on our re I Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Companional Derida document number $\frac{1.21000386547}{1.000386547}$. | y were filed on $\frac{8/30/2021}{}$ | and assigned |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| he new name must be distinguishable and contain the words "Limited Liab | bility Company," the designation | T.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | 202 3£ |
| | | A SE TO |
| | | |
| Inter new mailing address, if applicable: | | . ω i |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | 72 2 |
| 3. If amending the registered agent and/or registered office | address on our records e | iter the name of the new regis |
| gent and/or the new registered office address here: | <u> </u> | the many of the new region |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street aa | ldress |
| | | , Florida |
| | 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, 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> | Type of Action |
|--------------|--------------------|---------------------------------|----------------|
| AMBR | Dov Goldstein | 2904 W LEROY ST TAMPA, FL 33607 | J Add |
| | | | Remove |
| | | | □Change |
| AMBR | Jonathan Blackmore | 2904 W LEROY ST TAMPA, FL 33607 | Add |
| | | | Remove |
| | | | ☐ Change |
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| ffective date, if other than an effective date is listed, the date force: If the date inserted in the locument's effective date on the | is block does not | meet the applic | able statutory fil | more than 90 days at | tional) fer filing.) Pursua his date will no | unt to 605.020 of be listed a |
| record specifies a delayed effe d is filed. | ective date, but no | ot an effective ti | me, at 12:01 a.m | i, on the earlier of: | (b) The 90th | day after the |
| Dated | 8/31 | . 2021 | <u></u> . | | | |
| | | | | | | |

Typed or printed name of signee