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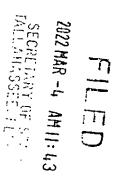
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	JS FLOR	LIDA ENTERPR	ISES LLC
	Name of Lin	ited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tason D. Hardy Name of Person Firm/Company 5215 Suncatcher Dr. Address Wesley Chapel FL 33545 Cily/State and Zip Code Jah 0381 @ aol. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
Please return all correspon	ndence concerning this matter	to the following:	
	<u></u>	uson D. Hard	<u>/</u>
		Name of Person	
	v	Firm/Company	
	5215 S	uncatcher Dr.	
	Wesley Chap	el, FL 33545	
	jal	City/State and Zip Code N Ø381 @ apl. Com	
	E-mail address: (to be used for future annual report notif	lication)
For further information co	oncerning this matter, please c	all;	
Jason D	. Hardy	at (352) 348 - Area Code Daytime	1407
Name of	Person /	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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 S		Street Address: Registration Sec	ction
Division of Co		Division of Con	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 HAR -4 AM II: 43

SECRETARY OF STATE

JS FLORIDA	4 ENTERPRISES LL	_ FALL AHASSEE, FLEE
(Name of the Limited Lia (A Flo	hility Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document numberL220000_3264	_	8/22 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
JD FLORIDA ENTE	ERPRISES LLC	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "L	I.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, -9*-
(Principal office address MUST BE A STREET AD	DRESS)	

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registe agent and/or the new registered office address her		er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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>	Address	Type of Action
			□ Add
			□Remove
			□Add
			□Remove
			□Change
		-	DAdd
			□ Remove
		 	
			□Remove
			☐ Change
			□Add
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			☐ Change
			□Add
			□Remove
			□Change

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F100	
Note: If	e date, if other than the date of filing:
e record rd is filed	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 f.
Dated _	03/01/22
	James Handy
	Signature of a member or authorized representative of a member
	JASON D. HARDY Typed or printed name of signee
	Typed or printed name of signee

. . -