## 122 000060581

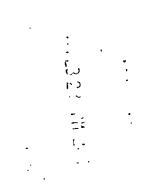
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PICK-UP WAIT MAIL				
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## **COVER LETTER**

**y** (1)

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

JMDP DUG	CT WORK LLC				
SUBJECT.	Name of Lim	ited Liability Company		-	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JUAN M DEŁGADO				
	Name of Person				
	JMDP DUCT WORK LLC				
	Firm/Company				
	320 SHAW BLVD				
	Address				
	FORT MYERS, FL 33905				
		City/State and Zip Code		<del></del>	
	E-mail address: (	to be used for future annual	report notification)	<u>_</u> _	
For further information of	concerning this matter, please co	all:			
JUAN M DELGADO	239 4 at ( )		<b>I-</b> 9155		
Name o	f Person	Area Code	Daytime Telepho	one Number	
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Ac			
Registration Section Division of Corporations			Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMPD DUCT WORK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/14/2022 and assigned Florida document number L22000060581 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JMDP DUCT WORK LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	Name	Address	Type of Action
			Change
			□Remove
			□Remove
			□Change
			□Remove
			□ Change
			Remove
			□Add
			□Remove
			□Change

Typed or printed name of signee