

h22000105652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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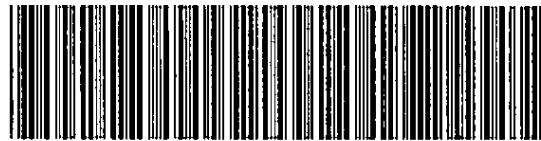
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medstat Consulting, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Hutcheson
Name of Person

(Old Company name) Medstat Consulting, LLC (changing to JDL Holding, LLC)
Firm/Company

2314 Cormorant St.
Address

Kissimmee, FL 34743
City/State and Zip Code

whutcheson@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Hutcheson at (404) 789-7702
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

Medstat Consulting, 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 03/01/22 and assigned Florida document number L22000105652.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JDL Holdings, 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)

2314 Cormorant St.
Kissimmee, FL. 34743

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2314 Cormorant St.
Kissimmee, FL. 34743

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:

William Hutcheson (same as before)

☒ New Registered Office Address:

2314 Cormorant St.

Enter Florida street address

Kissimmee

City

Florida

34743

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.


William Hutcheson
If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGR/ CEO	William Hutcheson	2314 Cormorant St.	<input type="checkbox"/> Add
		Kissimmee, FL 34743	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR/ AMBR President	Kimberly Hutcheson	2314 Cormorant St.	<input checked="" type="checkbox"/> Add
		Kissimmee, FL 34743	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL

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~~6/28/22~~

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.

ord is filed.

17 August

Dated 8/17/22nd 2022

Signature of a member or authorized

Signature of a member or authorized representative of a member

William Hutcheson

Typed or printed name of signee