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COVER LETTER

TO:

TO: Registration Se Division of Cor						
cub icct.	JDM's Sui	nshine State LLC				
SUBJECT:	Name of Limited 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:				
	Joel Miller					
		Name of Person				
	JDM's Sunshine State LLC					
Firm/Company						
	1519 91st Ct NW					
		Address				
	1	Bradenton, FL 34209				
		City/State and Zip Code				
		el@jdmsunshine.com to be used for future annual report noti	(festion)			
For further information e	oncerning this matter, please c		incation			
	Joel Miller	at (<u>317</u>) 450-490	4			
Name o	f Person	Area Code Daytim	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
XI \$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:		<u>Street Address:</u> Registration Se	ection			
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JDM's Sunsh	ine State LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	3/1/2022	and assigned
lorida document number900382766649			_
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	oility company he	<u>re</u> :	
JDM's Sunshine State Solution	ns LLC		
he new name must be distinguishable and contain the words "Limited Liabi	tity Company," the d	esignation "LLC" or the	e abbreviation "L.L.C."
inter new principal offices address, if applicable:		•	_
Principal office address MUST BE A STREET ADDRESS)			K. /
			<u></u>
	-		
inter new mailing address, if applicable:			1
Mailing address MAY BE A POST OFFICE BOX)		Ğ.	
		-7.	(2)
			· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered office :	address on our re	cords, enter the n	ame of the new regis
gent and/or the new registered office address here:			
		_	
Name of New Registered Agent:			<u></u>
New Registered Office Address:			
	Enter Flori	da street address	
		Florida	
	City		Zip Code

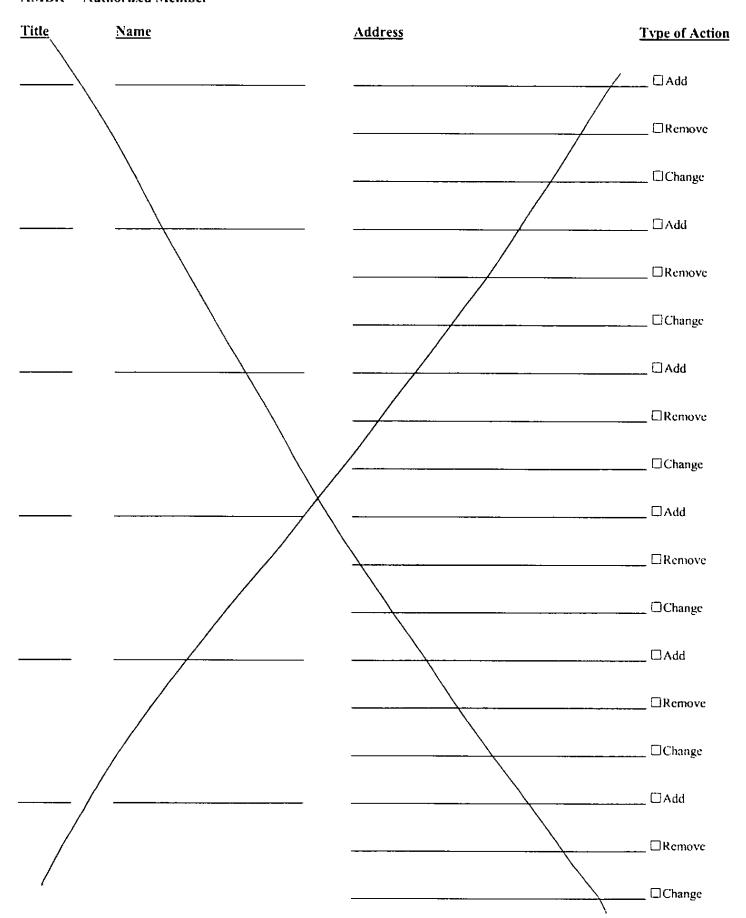
New Registered Agent's Signature, if changing Registered Agent:

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.

17 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



(optional)
90 days after filing.) Pursuant to 605,0207 (3)(1
ements, this date will not be listed as the
t 12:01 a.m. on the earlier of:
mber
nber

Typed or printed name of signee