# 122000177019

(Re	equestor's Name)	
(A	ddress)	
(Ac	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		:

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T. MATTHEWS JUL 27 2022

RECEIVED

2022 JUL 22 AM 8:40

1. LLT 182 181

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 28, 2022

DENISE ZIELINSKI 9755 HARRELL AVE, UNIT #202 ST. PETERSBURG, FL 33706

SUBJECT: JD ISLAND PROPERTIES LLC

Ref. Number: L22000177019

We have received your document for JD ISLAND PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

MISSING PAGES 5 & 6 OF THE AMENDMENT FORM.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 422A00014601

## COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	) Island Name of Limi	Properties ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Denise	Zielinski Name of Person	
	JD Tsi	and Propertie	es LLC
	9755 H	arrell Ave.	Unit # 202
	St. Petershi denise_21	City/State and Zip Code  L/in 5 k, 2 (2)  to be used for future annual report notion	9 mail.com
The Continue in Communication as			fidation)
	neerning this matter, please ca	at (734) 626 Area Code Daytim	2600) ne Telephone Number
Enclosed is a check for th	_		
\$25.00 Filing Fee	S30.00 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 SECRETARY OF STATE OF VILLED STATE OF STA

JD Island Proper  (Name of the Limited Liability Compa (A Florida Limited I	22 JUL 22 PM 3: 12  The strow appears on our records.  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	9755 Harrell Ave.  Unit #202  Saint Petersburg, FL 3370
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9755 Harrell Ave Unit #202 Scint Petersburg, FL 33706
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	$\bigcirc$
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida strect address
	, Florida
<del>- ,</del>	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
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		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		<del> </del>	□Add
			□Remove
			□ Change

Note:	ive date, if other than the date of filing:
the reco	rd 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 led.
Dated	07/07/2022 Jours P. Clandell
	Signature of a member or authorized representative of a member
	James RO Connell