

L22000392414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

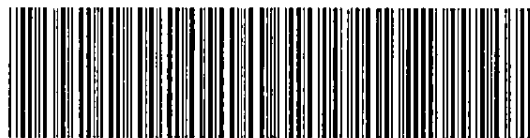
(Document Number)

Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200402667912

2023 FEB 15 AM 10:34

02/15/23--01002--008 **60.00

DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

2023 FEB 15 AM 10:16

RECEIVED

A. B. FLENN

FEB 15 2023

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: JDNP PERU MIX LLC.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Daniel Hernandez
Name of Person

Firm Company

18 North Dollins Avenue
Address

ORLANDO FLORIDA 32805
City/State and Zip Code

HARDENDAZELINEN @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Hernandez at (385) 6288444
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

JDNP DERU MIX LLC

2023 FEB 15 AM 10:34

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 07/08/2022 and assigned
file number L22000392414

This amendment is submitted to amend the following:

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

~~JDNP~~ JDNP 2 LLC

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)

15520 FORT CLATSOP CRES
WINTER GARDEN FL 34787

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

15520 FORT CLATSOP CRES
WINTER GARDEN FL 34787

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

Florida

City

Zip Code

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 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 Changing Registered Agent, Signature of New Registered Agent

•

BR = Authorized Member

<u>ID</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

BUSINESS PURPOSE: FOOD, BEVERAGE, ICE CREAM
SMOOTHIES, BOBA TEA, FAST CASUAL
RESTAURANT.

Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If record 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 document is filed.

Dated 02 - 15, 2023

Daniel Hernandez

Signature of a member or authorized representative of a member

[Signature]

Typed or printed name of signee