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FILED
SECRETARY OF STATE
N OF CORPORATION:

## **COVER LETTER**

Registration Section Division of Corporations

TO:

JAMDDD Enterprise SUBJECT:	ILC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of Amendme	ent and fee(s) are subr	nitted for filing.		
Please return all correspondence co	oncerning this matter t	o the following:		
Dewa	yne Kimble			
		Name of Person		
JAMI	DDD Enterprise LLC			
		Firm/Company		
235 A	pollo Beach Blvd.			
	-	Address		<u></u>
Apoll	o Beach, FL 33572			
		City/State and Zip Code		
dkimbl	e5@yahoo.com			
	E-mail address: (t	o be used for future annual r	eport notification)	
For further information concerning	this matter, please ca	ff:		
Dewayne		813 245-7228 at ( )		
Name of Person		Area Code Daytime Telephone Number		
Enclosed is a check for the followi	ng amount:			
	.00 Filing Fee & ertificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Division The Cen 2415 N.	dress: tion Section of Corporation tre of Tallahass Monroe Street, see, FL 32303	see

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAMDDD Enterprise LLC					
(Name of t	the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
<del>-</del>	imited Liability Company were filed on 9/19/22 and assign				
Florida document number L2200040645	<u> </u>				
This amendment is submitted to amend	the following:				
A. If amending name, enter the new	name of the limited liabili	ty company here:			
The new name must be distinguishable and cont	ain the words "Limited Liability	Company," the designation "Ll	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, i	f applicable:				
(Principal office address MUST BE A	STREET ADDRESS)				
Enter new mailing address, if applica	ble:				
(Mailing address MAY BE A POST OF	FFICE BOX)				
B. If amending the registered agent a agent a		dress on our records, <u>ent</u>	er the name of the new registered		
Name of New Registered Age	nt:				
New Registered Office Address: 235 Apollo Beach Blvd.					
	Enter Florida street address				
	Apollo Beach	1	Florida 33572		
		City	Zip Code		
New Registered Agent's Signature, if ch	anging Registered Agent:				
I hereby accept the appointment as reprovisions of all statutes relative to the accept the obligations of my position being filed to merely reflect a change company has been notified in writing	e proper and complete po as registered agent as pro in the registered office a	erformance of my duties, ovided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

If amending or removed	Authorized Person(s) author from our records:	ized to mana	age, enter the title, name, and add	lress of each person being added
MGR = M $AMBR = A$	anager uthorized Member			
<u>Title</u>	Name		Address	Type of Action
				□Add
	:			□Remove
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	-			□Add
				□ Remove
				Change

Typed or printed name of signee

Dewayne Kimble