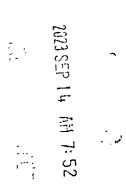
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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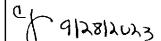


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Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations	w
SUBJECT: JD Montol 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:	
Juan Montaya Name of Person	
JD Montoy, LLC	
5714 NW 815+ Terrque	
Tamarac, FL 33321 City/State and Zip Code	
E-mail address: To be used for future annual report notification	com
For further information concerning this matter, please call:	
Name of Person at (954) 391-17 Area Code Daytime Telep	385 Thone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ Certificate of Status ☐ 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

JD Mon	toy .11C	2023 SEP 14 AM 7: 52
	lity Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability		$\frac{ 3 }{23}$ and assigned
Florida document number <u>L23 ØØØØ579</u>	XI .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
	 -	
B. If amending the registered agent and/or register agent and/or the new registered office address here:		ds, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	treel address
	Cirv	, Florida
	·,	- <i>ip</i>

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Address Type of Action Title Name** AMBR Diana Montoja 5714 NW 815+ terrace Add Tamarac, FL 33321 DRemove _____ □Change _____ 🗆 Add _____ Remove _____ □Change _____ Remove □Remove

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If an eff	ve date, if other than the date of filing:
e recor	d 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 ed.
Dated .	September 7, 2023.
	September 7 , 2023 Wan A. Montoya Signature of a member or authorized representative of a member Typed or printed name of signee