L23 000074558

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A. RIVERS

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
jDiCapua l	LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jennifer DiCapua		
		Name of Person	
	jDiCapua LLC		
		Firm/Company	
	5151 NW 190th Street		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Reddick, FL 32686		
		City/State and Zip Code	
	dicapuadesign20@gmail.co		
	E-mail address:	to be used for future annual report noti	fication)
For further information of	concerning this matter, please of	all:	
Jennifer H. DiCapua		352 281-4461 at()	
Name	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	旨 \$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 of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JDICAPUA LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 02/09/2023 Florida document number L23000074558	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
jDiCapua Design LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the nar agent and/or the new registered office address here:	ne of the new registered
Name of New Registered Agent:	<u>>2 A</u> T
New Registered Office Address:	R I I
Enter Florida street address	E P
, Florida	TO THE COMMENT
City	Zin 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jennifer H. DiCapua	5151 NW 190th Street, Reddick, FL 32686	
			□Remove
			Change
AMBR	Jennifer H. DiCapua	5151 NW 190th Street, Reddick, FL 32686	= Add
		····	□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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			□ Change
			□Add
			□ Remove
			□ Change

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ffective date, if other than the an effective date is listed, the date mulote: If the date inserted in this bocument's effective date on the D	st be specific and cal lock does not mee	nnot be prior to	date of filing or	more than 90 day	(optional) ys after filing.) Pu ts, this date wil	rsuant to 605.020 not be listed a
e record specifies a delaye The 90th day after the rec	f effective dat ord is filed.	e, but not	an effective	time, at 12	:01 a.m. on	the earlier o
April 5th		2023	_•			
Man with the	10.0					
Jerman !	Signature of Finen	nber or authori	zed representati	ve of a member		

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Filing Fee: \$25.00