LZ3000138396

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PICK-UP WAIT MAIL				
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COVER LETTER

ro:	Registration Sec Division of Corp		V - 4 ••		•
SUBJE	JTBE LLC				
SU DJ F.		Name of Limit	ed Liability Company		
		Amendment and fee(s) are submidence concerning this matter to			
		Chad Sakonchick			
			Name of Person		-
		BetterLegal			
		-	Firm/Company		-
		750 North St. Paul Street St	uite 250 PMB 35833		
			Address		_
		Dallas, TX 75201			
			City/State and Zip Code		_
		filings@betterlegal.com E-mail address: (t	to be used for future annual report no	tification)	
For fu	rther information c	oncerning this matter, please ca	all:		
Chad	Sakonchick		+1 512969233	9	
	Name o	f Person	Area Code Dayti	me Telephone Numbe	er
Enclo	sed is a check for the	ne following amount:			
≡ S:	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee, cate of Status & ed Copy al 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

JIDE ELC				
(Name of the Limited Liability Company as it now appears on or (A Florida Limited Liability Company)	<u>ır records.</u>)	_		
The Articles of Organization for this Limited Liability Company were filed on 03/17/20. Florida document number L23000138396	23	;	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Limited Liability Company," the designate	ion "LLC" or the	abbrevia	tion "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 agent and/or the new registered office address here:	s, <u>enter the na</u>	ıme of t	he new i	register
			(i.i.	
Name of New Registered Agent:		<u> </u>		·
New Registered Office Address:		11	Û.	
Enter Florida stre	et address	- n	T: :	
	, Florida		- <u>3</u>	
City		Zij	Code	

New Registered Agent's Signature, if changing Registered Agent:

ITDE LIC

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 a mending 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>	Address	Type of Action
MGR	Joel DE LA ROSA-ARIAS	7901 4th St. N STE 300, St. Petersburg, FL 33702	□Add
			□Remove
			\equiv Change
			□Add
		<u> </u>	Remove
			Change
			□Add
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Effective date, if other than the	date of filing:	date of filing or more than 90 days of	tional)
Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable	le statutory filing requirements, th	nis date will not be listed as
e record specifies a delayed effectiv rd is filed.	e date, but not an effective time	e, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated	2023		
	_	/	
Jo	el DELA ROSK	1-ARMAS	
	el DCLA ROSK Signature of a member or authoriz	red representative of a member	

Filing Fee: \$25.00