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COVER LETTER

TO:

Registration Section

Division of Co.	porations						
JDI Coatin							
SUBJECT:		ited Liability Company					
T1		missed for filing					
	Amendment and fee(s) are sub						
Please return all correspo	ondence concerning this matter	to the following:					
	Mathew cox						
		Name of Person					
	JDI Coatings						
	Firm/Company						
	11457 se hwy 464						
		Address					
	ocklawaha ,fl. 32179						
		City/State and Zip Code					
	Jdicoatings@gmail.com						
	E-mail address: (to be used for future annual report notif	fication)				
For further information	concerning this matter, please c	all:					
Mathew cox		352 445-4781					
Name o	of Person	at () Area Code Daytime	e Telephone Number				
Enclosed is a check for t	he 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 Addre Registration Division of (P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Second Division of Coron The Centre of Toron 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

23/15/5 1/1/1/59 (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 8-30-2023Florida document number 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 designation "LLC" or the abbreviation "LLC." 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 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

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.

City

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>	Name	Address	Type of Action
MGR	Mathew cox	11457 se. hwy 464 ockławaha,fl 32179	= Add
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be p ick does not meet the ap	prior to date of filing or mo plicable statutory filing	re than 90 days after fili	ng.) Pursuant to 605.0207
record specifies a delayed effective d is filed.		ve time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
Dated November 10th	2023	·		
1101m				
Malan (1)				
Malten Us	Signature of a member or a	authorized representative of	of a member	