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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

JD Driving School & multi Services LLC SUBJECT: 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: Paul Beaulieu Name of Person JD Driving School & Multi Services Firm/Company 5641 Strawberry lakes circle Address Lake worth 33463 Florida City/State and Zip Code Jerone dorcent@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jerone Josius Dorcent Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **I** \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite)	d Liability Compa A Florida Limited	iny as it now appears on our r Liability Company)	ecords.)	
The Articles of Organization for this Limited Lia Florida document number L23000419338	bility Company	were filed on 9/06/2023	and assigned	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
Same name				
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		2417 Quantum BLVD Boynton Beach FL 33463		
(Principal office address MUST BE A STREET ADDRESS)			2021	
			127 177 177	
Enter new mailing address, if applicable:			C)	
(Mailing address MAY BE A POST OFFICE BOX)				
			$-\omega$	
B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent:	L, '	, -	nter the name of the new regis	
-	5641 Strawbern	ny lakas airola		
New Registered Office Address:	- JOHN BRIANDER	Enter Florida street a	uddress	
	Lake worth		_, Florida ³³⁴⁶³	
	-	City	_, r 10110a Zip Code	

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

ID Driving School & Multi Services

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	
$\overrightarrow{AMBR} =$	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
Owner	Paul Beaulieu	5641 strawberry lakes circle Lakeworth FL 33463	\equiv \equiv Add
			□Remove
			□Change
owner	Jerone Josius Dorcent	5641 Strawberry lakes circle lakeworth FL 33463	🗆 Add
			=Remove
		 	Change
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any dates	2024			
ed any dates	, 2024	·		
ed any dates	300,00	—.		
ed Paul K	3 eaulie Signature of a member of	or authorized representa	tive of a member	