

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| SUBJECT: JC DESIGN | Name of Lim | ted Liability Company | |
|-----------------------------|--|---|--|
| The enclosed Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | dence concerning this matter | to the following: | |
| | Jenny Calabrese | | |
| | | Name of Person | |
| | | Firm-Company | |
| | 4492 Tillman Bluff Rd | | |
| | | Address | |
| | Valdosta, GA 31602 | City/State and Zip Code | |
| | jennymcalabrese@gmail.co | m | <u></u> |
| For further information co | e-mail address: (neerning this matter, please ca | to be used for future annual report noti all: | incation) |
| Jenny Calabrese | | at (305) 979-0806 | |
| Name of | Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | e 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 Address | • | Street Address: | |

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section **Division of Corporations**

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

| (Name of the Limited Lighility | Company as it now appears on our records. |) |
|--|---|------------------------------|
| (A Florida | y Company as it now appears on our records. Limited Liability Company) | , |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 2/7/2024 | and assigned |
| Florida document number L24000070175 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limit</u> | ted liability company here: | |
| The new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR. | ESS) | |
| | | |
| | | G. |
| Enter new mailing address, if applicable: | | · . |
| (Mailing address MAY BE A POST OFFICE BOX) | | :: |
| infatting address may be a 1031 of Fice bosy | | <u></u> |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, <u>enter t</u> | he name of the new register |
| Name of New Registered Agent: | <u></u> | |
| New Registered Office Address: | Enter Florida street address | |
| | P1. | |
| | , F101 | rida |

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

IC DECICAL CELIDIO LLC

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> | Address | Type of Action |
|--------------|-----------------|-----------------------|-----------------|
| AMBR | Jenny Calabrese | 4492 Tillman Bluff Rd | □Add |
| | | Valdosta, GA 31602 | ■Remove |
| | | | ≡ Change |
| AMBR | Yenny Calabrese | 4492 Tillman Bluff Rd | ≅ Add |
| | | Valdosta, GA 31602 | □Remove |
| | | | Change |
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| | 311 31A | | □Add |
| | | | □Remove |
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| Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. 9 Pursuant to 605.020 Morte: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and document's effective date on the Department of State's records. The record 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 rd is filed. Dated April 25 2024 | | | | | _ |
|--|--|--|--------------------------------|--------------------------------------|-------------------------|
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| | Dated April 25 | 2024 | | | |
| Signature of a member or authorized representative of a member | | Signature of a member or au | thorized representative of a m | ember | |
| Yenny Calabrese | V C-1-1 | , | | | |

Filing Fee: \$25.00