Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SANDRA CASTILLO TAX SERVICE LLC

Account Number : I20190000047 Phone : (407)205-0002 Fax Number : (866)704-9120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JKD GROUP, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

Registration Section

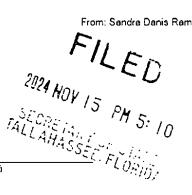
TO:

COVER LETTER

| Division of Cor | rporations | | |
|------------------------------|---|---|--|
| | JKD GROUP, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing, the return all correspondence concerning this matter to the following: JULISSA DIAZ KINGSLEY | | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | JUL | ISSA DIAZ KINGSLEY | |
| | . . | Name of Person | · · · · · · · · · · · · · · · · · · · |
| | | JKD GROUP, LLC | |
| | | Firm/Company | |
| | 4433 | LAKE CALABAY DR | |
| | | Address | |
| | (| DRLANDO, FL 32837 | |
| | | City/State and Zip Code | |
| | | - | |
| | E-mail address: (| to be used for future annual report no | otification) |
| For further information of | concerning this matter, please c | all: | |
| SANDRA DANIS RAM | ios | 407 205-0002 | |
| Name o | of Person | at () Area Code — Dayti | ime 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 Address Registration | | <u>Street Address:</u> Registration S | Section |
| Division of C | | Division of Co | |
| P.O. Box 632 | 27 | The Centre of | |
| Tallahassee. | FL 32314 | 2415 N. Monr | roe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ΤO ARTICLES OF ORGANIZATION **OF**



JKD GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

| . If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | Enter Florida street address | da |
|---|---|-----------------------------|
| Name of New Registered Agent: | | e name of the new regist |
| gent and/or the new registered office address here: | address on our records, <u>enter th</u> | e name of the new regist |
| · · · · · · · · · · · · · · · · · · · | address on our records, <u>enter th</u> | e name of the new regist |
| | | |
| | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| nter new mailing address, if applicable: | | |
| | | |
| Principal office address MUST BE A STREET ADDRESS) | ORLANDO, FL 32837 | |
| nter new principal offices address, if applicable: | 9432 S. ORANGE BLOSSOM TI | RAIL |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "ELC" o | r the abbreviation "L.L.C." |
| If amending name, enter the new name of the limited liab | ility company here: | |
| his amendment is submitted to amend the following: | | |
| lorida document number L24000070640 | | |
| 1: 11 L27VVVV / VV7V | | and assigned |

1

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.

To, null . Page: 4 of 5 2024-11-15 18:57:07 GMT 18667049120 From: Sandra Danis Romos

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 |

| Title | <u>Name</u> | Address | Type of Action |
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To: null

| Please add EIN 99- | 310330 | | · · · | | |
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| Effective date, if other than the fan effective date is listed, the date mus | date of filing: | | | (optional) | |
| fan effective date is listed, the date mus Note: If the date inserted in this blo | be specific and cannot be | e prior to date of fil | ling or more than 90 d | ays after filing.) Purs | uant to 605.0207 (3 |
| document's effective date on the Do | | | ary ming requireme | ms, this trace with | iot be nated as th |
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| | | William To | 1.22 | | |
| | | Julian C | | | |
| - | Signature of a member | or authorized repres | sentaive of a member | | |

Filing Fee: \$25.00