124000175322

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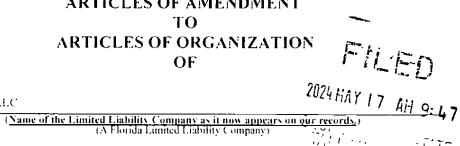


COVER LETTER

	on of Cor	porations		
	JD Holdir			
		Name of Lin	nited Liability Company	
The enclosed A	Articles of	Amendment and feets) are sub	omitted for filing.	
Please return a	ll correspo	ondence concerning this matter	to the following:	
		Kerstin Smith		
			Name of Person	
		4JD Holdings, LLC		
			Firm/Company	
		102 W Burleigh Blyd		
		-	Address	
		Tavares, FL 34737		
			City/State and Zip Code	
		4jdholdings@gmail.com		
For further into	emation o	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)
	i mation c	oncertaing this matter, prease c		
Kerstin Smith			352 431-7391 at () 431-7391 Area Code Daytim	
	Name of	l'Person	Area Code Daytim	ne Telephone Number
Enclosed is a cl	heck for th	ne following amount:		
■ \$25.00 Fili	ng 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)
	n <u>g Addres</u> stration S		<u>Street Address:</u> Registration Se	ction
Divis	ion of C	orporations	Division of Cor	
	Box 632		The Centre of I	l'allahassee
Lalla	nassee. F	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



4JD Holdings, LLC

The Articles of Organization for this Limited Liability C Florida document number 1.24000175322	lompany were filed on April 12i	h 2024 and assigned
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the lim	endment is submitted to amend the following: mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ew principal offices address, if applicable: and office address MUST BE A STREET ADDRESS) ew mailing address, if applicable: and address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered address here: Name of New Registered Agent: New Registered Office Address:	
The new name must be distinguishable and contain the words "Lin	tited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter non-mailing address if analizable.		
••	-	
(Stating datess MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records	i, enter the name of the new registered
Name of New Registered Agent:	_	
New Registered Office Address:		
	Enter Florida stre	ot address
		Florida
	Сіў	Zip Code

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.

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
MGR	Jason R Smith	22140 Obrien Rd. Howey in the Hills, FL 34737	= Add
			□Remove
			□Change
			□ Add
			🗆 Remove
			[]Change
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			□Remove
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		<u> </u>		
Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocoment's effective date on the Do	at be specific and cannot be prior ock does not meet the application.	to date of filing or more that able statutory filing requ	(optional) n 90 days after filing.) Pursua irements, this date will not	nt to 605.0207 be listed as
record specifies a delayed effective d is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (h) The 90th d	ay after the
	2024			
Dated May 10th	·	<u> </u>		
Dated May 10th Sason R Sn	nith Signature of a member or autho	rized representative of a me	mber	

Filing Fee: \$25.00