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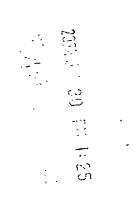
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jon the barber by J23 LC 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:
Jordhan Martinez Name of Person
Jon the barber by J23 LC
1550 palm tree drive
City/State and Zip Code Uncetty Mark 1987 2020 amail Can E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tacthan May 1965 at HOT 346-6107 Name of Person Area Code Daytime Telephone Number 1. 12
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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 Liability Comp	many as k now appears on our records.)
(A Florida Limited	LiabsDy Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L2400229515</u> .	y were filed on 05 17 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
G.D. A.T Factory	LLC
The new name must be distinguishable and contain the words "Limited Liab	offity Company. The designation "LLC" or the abbreviation "E.L.C.
Enter new principal offices address, if applicable:	1550 Palmtree Drive
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee FL 34444
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u>: 1</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: 1. 106	than Martineiz
New Registered Office Address: 1550	Palm tree Dre
Lissic	nme E, Florida Zip Code
	City Zap 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			⊡Add
			□Remove
			☐ Change
			□Change
			□Add
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			□Change

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