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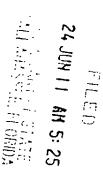
(Requestor's Name)
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## **COVER LETTER**

то:		ration Sec on of Corp				
CUD IE	JI.		pment LLC			
SUBJEC	ωl: <u> </u>		Name of Lim	ited Liability Company	·	
The encl	osed A	rticles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all	correspor	ndence concerning this matter	to the following:		
			Mariah Ramirez		_	_
				Name of Person		_
			JLD Development LLC			
				Firm/Company	_	_
			88 Didion Dr			
				Address		_
			Saint Peters, MO 63376			
				City/State and Zip Code		_
			mariah.ramirez@ic-e.net			
r c d		.•		to be used for future annual repo	ort notification)	
			ncerning this matter, please ca			
Mariah I	Ramire	Z		636 667-78 at ( )	370	
	_	Name of	Person	Area Code F	Daytime Telephone Number	r
Enclosed	d is a ch	eck for the	e following amount:			
<b>■</b> \$25.	.00 Filir	ng Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certifica d) Certified	filing Fee, ate of Status & d Copy d copy is enclosed)
		g Address		Street Addr		
	_	tration Si ion of Co	ection orporations	Registration Division o	on Section f Corporations	
		Box 6327	•		e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jability Company as it now appears on our recor Florida Limited Liability Company)	<u>'ds.</u> )
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stered office address on our records, enter	r the name of the new regist
	The manie of the state of the
	-
Enter Florida street addre	ess
T-	Taulda
, F	loridaZip Code
	lity Company were filed on

## 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
MGR	Larry DeGraaf	88 Didion Dr	<b>=</b> Add
		Saint Peters, MO 63376	□Remove
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	e date of filing: st be specific and ca lock does not mee	et the applicable	te of filing or more th statutory filing req	(optional an 90 days after filin uirements, this dat	g.) Pursuant to 605.0207 (
			at 12:01 a.m. on th	e earlier of: (b) T	he 90th day after the
e record specifies a delayed effectived is filed.	e date, but not ar	i effective time,			ne som day uner me
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rd is filed.		2024			

Filing Fee: \$25.00