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DATE: 01/30/2025

NAME: JDAWGZ SOLUTIONS LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	JOAWCZ Name of Li	SOLUTION imited Liability Company	15 LLC
	Amendment and fee(s) are so		
Please return all correspo	ndence concerning this matte	er to the following:	
		Name of Person	
	JDAWC T	2 Solutions L Firm/Company	LC
	427 Sunn	Yside drive	
	Venice/	FL 34293 City/State and Zip Code	
	Johanna Commanda Comm	(to be used for future minual report notif	(Cation)
For further information co	ncerning this matter, please o	call:	
Justin We Name of	g Cd Person	at (941) 786 - Area Code Daytime	7905 Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

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

FILED 2025 JAN 31 AM 10: 12

TOAWGZ SC		LILICHASSEE. FLORIDA
The Articles of Organization for this Limited Liability Company Florida document number 1.7400504918	were filed on 12/04	12024 and assigned
This amendment is submitted to amend the following:	-	
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	<u>u</u>
·	, Florida	
N. D. L. A. G. C.	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this capacity. I fu performance of my duties, a	urther agree to comply with the nd 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>	Name	Address	Type of Action
MC7R	Justin Ward	427 Sunn Yside Drive	BAdd
		427 Sunn Yside Drive Venice, FL 34293	□ Reшоче
			© Remove
			Change
			🗀 Add
			□Remove
			□Add
			□Remove
			□Remove
			Change
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(If an effect Note: If	e date, if other than the date of filing:	05.0207 (3)(1 sted as the)
f the record s ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the	
Dated	January 28, 2025.		
	Signature of a member or authorized representative of a member		
	Signification of a member of authorized rendeschiative of a inclined		

Filing Fee: \$25.00