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COVER LETTER

TO: Registration S Division of Co			
CUDIE/T.	DECO JON	NES GROUP LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARIO MORENO		
		Name of Person	
	DECO JONES GROUP L	LC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	260 WEST 60 STREET		
		Address	
	HIALEAH, FLORDIA 33	012	
		City/State and Zip Code	
	MARIO@DJGENERGY.C		
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
MARIO MORENO		786 488-5381 at ()	
Name (of Person		Telephone Number
Enclosed is a check for t	the 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 Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DECO JONES GROUP LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) pility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 11-02-2010	and assigned
Florida document number 1.10000114455		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
-		3E6
		7 NOV
Enter new mailing address, if applicable:		2 S
Mailing address MAY BE A POST OFFICE BOX)		3-2
-		
B. If amending the registered agent and/or registered offic	o address on our records er	ter the name of the new
registered agent and/or the new registered office address here:	e address on our records, en	the the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	a

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
COO	GARCIA, NOEL	260 WEST 60 STREET	⊟ Add
		HIALEAH, FLORIDA 33012	Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			
			Remove
			Change
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ective date, if other than the date of filing:	_ (optional)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 cet. If the date inserted in this block does not meet the applicable statutory filing requirements	lays after filing.) Pursuant to 605.
ument's effective date on the Department of State's records.	
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ecord specifies a delayed effective date, but not an effective time, at 1 ne 90th day after the record is filed.	.2:01 a.m. on the earne
11-1-2002	
ed 11-6-7017.	
Signature of a member or authorized representative of a membe	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00