

C10060/27404

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170003071203))



H170003071203ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ALVAREZ, SUAZO & ASSOCIATES
Account Number : I20130000075
Phone : (305)388-7028
Fax Number : (305)479-2785

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DLJ GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2017 NOV 21 PM 2:10
NOV 21 AM 8:55
FILED
STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
NOV 22 2017

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DJJ GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/13/2010 and assigned Florida document number L10000127404.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7951 RIVIERA BLVD

(Principal office address MUST BE A STREET ADDRESS)

SUITE 210

MIRAMAR, FL 33023

Enter new mailing address, if applicable:

7951 RIVIERA BLVD

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 210

MIRAMAR, FL 33023

FILED
NOV 21 AM 8:55
STATE OF FLORIDA
TALLAHASSEE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DIEGO KOZENITZKY GUTKIN

New Registered Office Address:

7951 RIVIERA BLVD - SUITE 210

Enter Florida street address

MIRAMAR

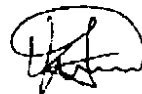
City

, Florida 33023

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAIM LEVY FERRE	14035 NW 19 AVE	<input type="checkbox"/> Add
		OPA LOCKA, FL, 33054	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	LUCAS BIANCA	14035 NW 19 AVE	<input type="checkbox"/> Add
		OPA LOCKA, FL 33054	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	DIEGO KOZENITZKY GUTKIN	14035 NW 19 AVE	<input type="checkbox"/> Add
		OPA LOCKA, FL 33054	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ILIANA FOMPEROSA CHAVARIN	7951 RIVIERA BLVD	<input checked="" type="checkbox"/> Add
		SUTTE 210	<input type="checkbox"/> Remove
		MIRAMAR, FL 33023	<input type="checkbox"/> Change
MGRM	DIEGO KOZENITZKY GUTKIN	7951 RIVIERA BLVD	<input checked="" type="checkbox"/> Add
		SUITE 210	<input type="checkbox"/> Remove
		MIRAMAR, FL 33023	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Multiple horizontal lines for amending information, mostly blank.

17 NOV 21 AM 8:55
STATE OF FLORIDA
TALLAHASSEE

FILED

E. Effective date, if other than the date of filing: 11/21/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 11/21/2017

Signature of a member or authorized representative of a member

DIEGO KOZENITZKY GUTKIN

Typed or printed name of signee