

L17000083130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

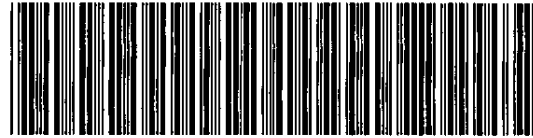
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/16/17--01021--021 **25.00

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17 JUN -2 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JUN 8 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2017

JUAN JOSE SANDOVAL
1060 SW 5ST 2
MIAMI, FL 33130

SUBJECT: DYJ ENTERPRISES LLC
Ref. Number: L17000083130

RECEIVED
2017 JUN -2 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DYJ ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 517A00009925

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DYJ Enterprises LLC
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:

Juan José Sandoval
Name of Person

Juan J. Sandoval, P.
Firm/Company

1060 SW 5th #2
Address

Miami FL
City/State and Zip Code

Juanjoga16@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Sandoval at (786) 817-1537
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

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 TALLAHASSEE, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 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**

DYJ Enterprises 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 04/13/17 and assigned Florida document number L17000083130.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

_____ *Enter Florida street address*
_____, Florida
_____ *City* _____ *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

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TALLAHASSEE, FL
SECRETARY OF STATE

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>
MGR	Juan Sandoval	1060 SW 5th Apto 2	<input checked="" type="checkbox"/> Add
		Miami FL, 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Diego Portillo	1060 SW 5th Apto	<input type="checkbox"/> Add
		Miami FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Carol Galdamay	1060 SW 5th Apto	<input type="checkbox"/> Add
		Miami FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 COUNTY CLERK
 STATE OF FLORIDA

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

Check has been sent

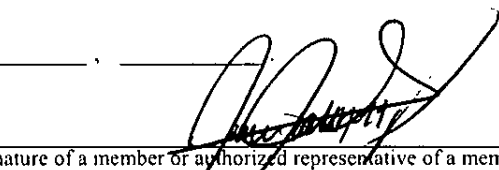
E. Effective date, if other than the date of filing: 05/20/17 (optional)

(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 earliest of:
(b) The 90th day after the record is filed.

Dated _____


Signature of a member or authorized representative of a member

Juan Jose Sandoval
Typed or printed name of signee

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TALLAHASSEE, FLORIDA