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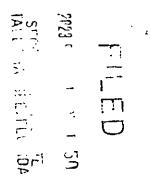
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Registration Section Division of Corporations

TO:

DA & J LL SUBJECT:	.c				
	Name of Lin	nited Liability Company	, <u> </u>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RAUL ACUNA				
		Name of Person		-	
	ĐA & J LLC				
		Firm/Company	.	-	
	10002 N 25TH ST				
		Address		17.5 27.5 27.5 27.5 28.7 28.7 28.7 28.7 28.7 28.7 28.7 28.7	
	TAMPA, FL 33612				
		City/State and Zip Code		- 1 - 1:::	1
	MARITZACOLUMBIE@ł				
	E-mail address: (to be used for future annual report notifi	ication)		U
For further information of	oncerning this matter, please c	all:		35. 30.	
RAUL ACUNA		646 7302676 at ()		1,5	
Name o	of Person		Telephone Number	r	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Mailing Address Registration: Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 8	310	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DA & J LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
the Articles of Organization for this Limited Liability Company were filed of lorida document number <a company,<="" href="https://example.com/limited-liability-company-were-filed-lorida-liability-company-were-filed-lorida-lo</th><th>on 01/12/2023 and assigned</th></tr><tr><td>his amendment is submitted to amend the following:</td><td></td></tr><tr><td>. If amending name, enter the new name of the limited liability compa</td><td>uny here:</td></tr><tr><td>he new name must be distinguishable and contain the words " liability="" limited="" td=""><td>"the designation "LLC" or the abbreviation "L.L.C."</td>	"the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	SEG.
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX;	20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -
. If amending the registered agent and/or registered office address on gent and/or the new registered office address here:	our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address: Ent	er Florida street address
	Florida

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
SECRET.	LEODAN ALFONSO CABRERA	6407 WATKINS AVE APT B	■Add
		TAMPA. FL 33619	□Remove
			□Change
			□Add
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Effective date, if other th	han tha data a	Cilian 01/	/30/2023		,	antional)			
LINCOUNC MALL, II DUNCT U	date must be spec	rific and canno			ore than 90 days) Pursuar		
If an effective date is listed, the		s not meet th		statutory filin	g requirement	s, this date	will not	t be lis	ted as th
If an effective date is listed, the Note: If the date inserted in	on the Departme	nt of State's	records						
If an effective date is listed, the	on the Departme	nt of State's	records.						
If an effective date is listed, the Note: If the date inserted in document's effective date of the record specifies a delayed				at 12:01 a.m. c	on the earlier o	of: (b) Th	ie 90th d	lay afte	er the
If an effective date is listed, the Note: If the date inserted is document's effective date of the record specifies a delayed rd is filed.		out not an ef	fective time, a	at 12:01 a.m. c	on the earlier o	of: (b) Th	e 90th d	_	er the
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If an effective date is listed, the Note: If the date inserted in document's effective date of the record specifies a delayed and is filed.	effective date. I	Dut not an ef	fective time, a			of: (b) Th	SF	_	er the

Filing Fee: \$25.00