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UARCH 18, 2021

to whom this may Conelen: I Dalys del Carmen Salcodo Registing for and update of my name as the Register agent and authorized agent. My Middle smitial needs to be updated to del Carmen. Should you have additional questions with, this regrest please tall me at 240-506-8550

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DDJ 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:
Dalys del Carmen Salcedo Name of Person
Firm/Company
10310 Lake District Lane
Orlando FL 32832 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DalyS del Carmen Gales do at (240) 506 - 8550 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution So

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

DDD&L 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 $02/08/2021$ and assigned Florida document number 421000676.29
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Della Dell
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)
3. 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: DALYS del Carnen Salcedo 5
New Registered Office Address: 10310 Sake Alba Alba Alba Alba Alba Alba Alba Alba
Orlando, Florida 3303Z 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

Type of Action Title Name Dalysal Camer Siledo 10310 lake district lane padd Oxlando, Fl 32832 DRemove AMBR GISELLE COSTO 10310 lake district kup RADO Oslando, F/ 32832 DRemove ____ Change □Add □Add ____ □Remove _____ Change □ Remove _ □Change □Add □Remove □ Change

lf amen	ting any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	please update my Middle Innitial.
_1	My FUI name shoul appear as the
	10ai tos carat
	lgister agent as:
	Dalys del Carmen Salcado
	
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(If an effecti - <u>Note:</u> - If t	date, if other than the date of filing: 3/8202/ (optional) we 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
e record sp rd is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated	1sech 18, \$ 2071.
	Signature of a member or authorized representative of a member
	Cigelle CASTRU Typed or printed name of signee

Filing Fee: \$25.00