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Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number: 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

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

DFMMJ INVESTMENTS, LLC.		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited Liability Company vibration for the Liability Company vibration of Company vibration for the Limited Liability Company vibration for the Liability Company vibration	were filed on August 02.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "L.L.C" or the abbreviation "It.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Frincipal office dataless MOOT DE TAGASEDT ADDITION		32 0 m
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w	N/A	7. 2.
Enter new mailing address, if applicable:		23
(Mailing address MAY BE A POST OFFICE BOX)		7.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records	, enter the name of the new registered
New Registered Office Address:		
	Enter Florida stre	et aparess
		, Florida
	Ciry	7.1p \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ree to act in this capac e performance of my di provided for in Chapt	er 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	Daniel Sparks	18770 N County Road 225, Gainesville, FL, 32609	= Add
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he record spec ord is filed.	cifies a delayed eff	ective date, but n	ot an effective t	ime, at 12:01 a.m	, on the earlier of	f: (b) The	90th day	after the
	/2021							
8/27/				7/				
Dated			X. /	1				
Dated			/900		va of a member		 	-
Dated	,	Signature of	Sheri Typed or prin	iorized representati	ve of a member			-