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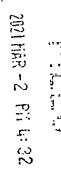


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COVER LETTER

TO: Registration Se Division of Cor			
	O.COM, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SILVIA VILA		
		Name of Person	
	ELAN BUSINESS SERV	ICES CORP	
		Firm/Company	202
	1116 CEDAR FALLS DR		2021 NAR -2 PM 4: 32
		Address	-2
	WESTON, FL 33327		
		City/State and Zip Code	in of the
	SVILA@ELANSERVICE.		22
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
SILVIA VILA		954 2176080 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee,	FL 32314	2415 N. Monre	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OJOPELAO.COM, LLC		
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on 11/20/2002	and assigned
Florida document number L02000031164		
This amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
DJOPELAO, LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		., 2
Principal office address MUST BE A STREET ADDRESS)		
	 	-2: 2
Inter new mailing address, if applicable:		SS -9 11
••		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter</u>	
Name of New Registered Agent:		
New Registered Office Address:	11. 12. 1	
	Enter Florida street addre:	xx,
		orida
	Сну	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>	Address	Type of Action
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			□Change
<u></u>			□Add
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ective date, if other than the date of filing:			(ontional)		
ective date, if other than the date of filing:effective date is listed, the date must be specific and cannot be price: If the date inserted in this block does not meet the appli	or to date of tiling of	or more than 90 day	ys after filing.)	Pursuant	to 605.0
ument's effective date on the Department of State's records		mig requiremen	ita, tina dute		ne natec
cord specifies a delayed effective date, but not an effective sliled.	time, at 12:01 a.	m, on the earlier	of: (b) The	90th da	y after t
ed	-A:				
Signature of a member or said	horized representa	tive of a member			

Filing Fee: \$25.00