

**L040000028069**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H21000417305 3)))



H210004173053ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : THE KLEIN GROUP  
Account Number : 120190000115  
Phone : (561) 419-9995  
Fax Number : (954) 340-9005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 NOV 10 AM 10:17

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

Email Address: gita@thekleingroupcpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DPJC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

NOV 12 2021

A. LUNT

H210004173053

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DPJC, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2/4  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 NOV 10 AM 10:17

The Articles of Organization for this Limited Liability Company were filed on 4-12-2004 and assigned  
Florida document number L04000028069.

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)

N/A

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

H210004173053

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H210004173053

**MGR = Manager**

**AMBR = Authorized Member**

[illegible]

H210004173053

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

Handwritten signature: *WIP*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2021 NOV 10 AM 10:17

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 603.0207 (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 earlier of: (b) The 90th day after the record is filed.

Dated 11-8, 2021

*John Root*  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

JOHN ROOT

\_\_\_\_\_  
Typed or printed name of signer

H210004173053

Filing Fee: \$25.00