LO50000033737

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Doomsoo Linky (Comb)
(Document Number)
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:





700358113177

01/15/21--01011--025 **25.00

COVER LETTER

COVER LETTER					
TO: Registration Secondary TO: Division of Corp					
SUBJECT: D+J, 530 Inc. Name of Limited Liability Company					
	,	y 4y			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Jean	Pearson			
		Name of Person			
	D4J	530, Inc.			
		Firm/Company	\bigcirc \downarrow		
	<u> 2810 E</u>	<u>Kobinson</u>	Street		
	Orla	ndo FI 308	803		
	E-mail address: (City/State and Zip Code GO DEGESOO to be used for future annual report noti	19@gmail.com		
For further information cos	ncerning this matter, please c	all:			
JQ(i Name of	n Pearson	at (<u>40)</u> 948	2 - Co Cu 44 e Telephone Number		
Enclosed is a check for the	following amount:				
X \$25.00 Filing Fee	S30.00 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)		
Mailing Address:	<u>:</u>	Street Address:			

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

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 OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number	where filed on $\frac{4/6/205}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC" or the abbreviation "L.L.C." 1608 Campbell Ave ORlando Fl 32806
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1608 Campbell Ave Orlando, Fl 32806
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent: Jean	Pearson = 5
New Registered Office Address: 1000	Enter Florida street address 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

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
MGR	DORIS Primice	eruo 2810E. Robinsor	St _{Add}
		Orlando Fl 3280	Remove
			□ Change
			□Add
			□Remove
	 		Add Add Remove
		<u>:</u> :	☐ Reprove 55 ☐ Inange 11:
		:	∵ <u>⇔</u> □Λdd
			🗆 Remove
			CChange
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 605.0207 (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_

Typed or printed name of signee