# \*L05000043567

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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT

D.J. INVESTMENT, 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:

# **DOUGLAS BRICENO A**

Name of Person

D.J. INVESTMENT, LLC

Firm/Company

100 SW 10TH ST #515

Address

MIAMI, FL 33130

City/State and Zip Code

dbriceno@oilfieldes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# DOUGLAS BRICENO A

,, 786<sub>,</sub> 281-4972

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

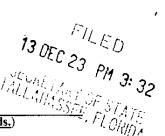
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**MAILING ADDRESS:** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



D.J. INVESTMENT, 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 Co	mpany were filed on 05/03/2005	and assigned
Florida document number L05000043567	<u>-</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address	· -	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	t addrage
	Emer Pioriau sireet	tuauress
	, Florida	a Zip Code
Now Desirated Assessed Company (Colored Desirated	Amount	

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	MARQUEZ, JOHN	1331 BRICKELL BAY DR. BL3	4 Add
		MIAMI, FL 33131	Remove
MGR	BRICENO, DOUGLAS A	100 SW 10TH ST #515	
		MIAMI, FL 33130	Remove
MGRM	BRICENO, JEAN C	100 SW 10TH ST #515	
		MIAMI, FL 33130	Remove
MGRM	BRICENO, DOUGLAS A	100 SW 10TH ST #515	_ 📝 Add
		MIAMI, FL 33130	_ Remove
			Add
			Remove
			Add
			Remove

D: If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	
<del></del>	
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, DECEM	1BER 17TH 2013
Dated DECEIV	
	(toury)
	Signature of a member or authorized representative of a member
BRI	CENO, DOUGLAS A
	Typed or printed name of signes

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00