(Re	equestor's Name)	
(Ac	idress)	
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(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

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## **COVER LETTER**

TĊ	D: Registration Sec Division of Corp			
٠	OJL, LLC			
SU	JBJECT:	Name of Limi	ted Liability Company	
Th	ne enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Ple	ease return all correspor	ndence concerning this matter t	to the following:	
		Oscar J. Locklin		
			Name of Person	
			Firm/Company	
		4557 Chumuckla Hwy		
			Address	<del></del>
		Pace, Florida 32571		
			City/State and Zip Code	
		olocklin@ljslawfirm.com		
		E-mail address: (t	o be used for future annual repo	ort notification)
Fo	or further information co	oncerning this matter, please ca	II:	
0:	scar J. Locklin		850 995-1 at () Area Code	· -
	Name of	Person	Area Code	Daytime Telephone Number
En	nclosed is a check for th	e following amount:		
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional-copy is enclose	□ \$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

OJL, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number L06000025470	were filed on 03/09/2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
DJL, PLLC	•
he new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	- Significant of the second of
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	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 = M $AMBR = A$	lanager Authorized Member		
<u> Ťitle</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
			☐ Change ×
<del></del>			Add  The Reprove
			23 Pelante Line Add
			□ Remove
			☐ Change
			□ Add
			Remove
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			Change

Ilmited liability company has the power to do all things necessary, incident, or in furtherance of that purpose in accordance with Chapter 621, Firodia Statutes.    Firodia Statutes		formed for the purpsoe of engaging in the practice of law. The
ffective date, if other than the date of filing:	limited liability company has the po	ower to do all things necessary, incident, or in furtherance
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		, .,

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Filing Fee: \$25.00