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APR 1 2 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

DONJAM ENTERPRISES LLC

SUBJECT:

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:

JAMES DUMARS

Name of Person

DONJAM ENTERPRISES LLC

Firm/Company

4832 61ST CIRCLE

Address

VERO BEACH FLORIDA 32967

City/State and Zip Code

jam7duma@aol.com

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

For further information concerning this matter, please call:

JAMES DUMARS

772₇770-0595

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

SECRETARY OF STATE

DONJAM ENTERPRISES 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 Liab Florida document number 743244446	ility Company were	filed on 12/10/2007	and assigned
) forda document number	<u> </u>		
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability o	ompany here:	
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Li	ability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET.	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or	registered office a	ddress on our records, g	enter the name of the new
registered agent and/or the new registered office	<u>ce address here</u> :		
Name of New Registered Agent:	James DuMars	<u>, , , ,</u>	
New Registered Office Address:			
		Enter Florida str	eet address
		, Flor	rida
	Cit	~ 11(Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:	ame WW	ida Zip Code
I hereby accept the appointment as registered the provisions of all statutes relative to the proaccept the obligations of my position as registe being filed to merely reflect a change in the recompany has been notified in writing of this change in the research that the second results in the research that the second results in the results are the second results as the second results are the second results as the second results are the second results as the second results are the	agem und agree to per and complete pered agent as provi gistered office addi	performance of my duties, ded for in Chapter 608, F.	and I am familiar with and S. Or, if this document is
	If Changing	Registered Agent, Signature of	New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** Donna DuMars 4832 61st circle **MGRM** Vero Beach Florida 32967 Remove

If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	Jan Del Cu
	Signature of a member or authorized representative of a member
-	Typed or printed name of signee

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Filing Fee: \$25.00