

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | ldress) | |
| (Ad | ddress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PłCK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nai | me) |
| (Do | ocument Number) | · |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | • , |
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Office Use Only

G. MCLEOD

JUN 19 2008

EXAMINER



500131166405

06/18/08--01029--001 **25.00

COVER LETTER

| Division of Corp | orations | | |
|------------------------------|---|--|---|
| SURJECT: DJ's Dire | ect Electronics, LLC | | . |
| Sobsect. | | ited Liability Company) | |
| | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | dence concerning this matter | to the following: | |
| | | | |
| | James Cornell | (Name of Person) | |
| | | (Ivaline of Ferson) | |
| | DJ's Direct Electronics | | |
| | | (Firm/Company) | |
| | 1644 Lady Slipper Circle | | |
| | | (Address) | |
| | Orlando, FL 32825 | | |
| | | (City/State and Zip Code) | |
| For further information cor | ncerning this matter, please ca | ail: | |
| James Cornell | | at (321) 436-9603 | |
| (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:

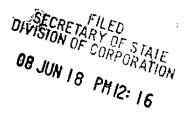
TO:

Registration Section

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



| DJ's Direct Electronics, LLC | <i>i</i> | |
|---|---|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as <mark>it now appears on our record</mark> Liability Company) | <u>ls.</u>) |
| The Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| DJ's Direct, LLC | | |
| The new name must be distinguishable and end with the words "Limi "L.L.C." | ted Liability Company," the designa | tion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 2213 Forsyth Road, Unit 2D | · · · · · · · · · · · · · · · · · · · |
| (Principal office address MUST BE A STREET ADDRESS) | Orlando, FL 32807 | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, <u>e</u> e: | nter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | (Enter Florida stre | et address) |
| | | da |
| | (Citv) | (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 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 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 = Ma MGRM = M | nager Ianaging Member | | |
|----------------------|---------------------------------------|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | , | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter cha | ange(s) here: (Attach additional sheets, if necessary.) | |
| | | | |
| Dated June | 10th . 200 | | |
| Dated aniie | | ber or authorized representative of a member | |
| | James Corneli | ned or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00