## L09000018798

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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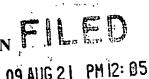
## COVER LETTER

TO: `	Registration Se Division of Cor		<b>◆</b> * * *			
SUBJE	ECT:	DJ TE	LECOM LLC			
0000		Name of Limi	ted Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	endence concerning this matter	to the following:			
	CARLOS DE JANON					
			Name of Person			
			DJ TELECOM LLC			
			Firm/Company			
	12701 S. JOHN YOUNG PARKWAY SUITE 116					
			Address			
		ORL	ANDO, FLORIDA 32837			
			City/State and Zip Code			
	cdejanon@yahoo.com  E-mail address: (to be used for future annual report notification)					
For fur	ther information c	oncerning this matter, please o		,		
		00.05 1411011		500 4000		
		OS DE JANON  f Person	at (_407_)	580-1069 me Telephone Number		
	,	i reison	Alea Code & Dayli	me recipione Number		
Enclos	ed is a check for the	ne following amount:				
\$25	5.00 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)		
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUI Registration Sect Division of Corp			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	DJ TELECOM LLC	SEURE MANSSEE FLORIDA		
( <u>Name of the Limited L</u> (A F	iability Company as it now appears lorida Limited Liability Company)	on but records.		
The Articles of Organization for this Limited Lial Florida document number	bility Company were filed on	AUGUST 17 and assigned		
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liability company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	"," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applical	ble:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi		r records, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:	Finto	r Florida street address		
	Liner i tortua sireci adaress			
	City	, Florida 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 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>	<u>Name</u>	Address	Type of Action
MGRM	DE OBALDIA, ELIZABETH	12701 S. JOHN YOUNG PARKWAY SUITE 116 ORLANDO, FLORIDA 32837	Add ☐ Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			SECRETARIES
Dated	AUGUST 17 , 200	)9 .	G21 PM 12: 05 TARY OF STATE
-	7 CAR	ALOS DE JANON or printed name of signee	

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Filing Fee: \$25.00