

LO9000113514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

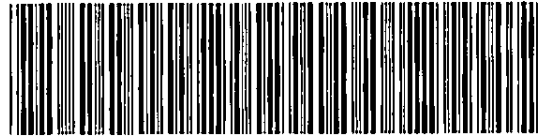
(Business Entity Name)

(Document Number)

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300447848633

FILED

2025 APR -4 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2025 APR -4 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 04/04/2024**

**NAME: DJIP, LLC**

**TYPE OF FILING: AMENDMENT**


**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 7, 2025

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: DJIP, LLC  
Ref. Number: L09000113514

We have received your document for DJIP, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

There was no attachment for Registered Agents signature.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 325A00007331

*Sorry! Please keep original  
filing date*

*Thank you!*

RECEIVED  
2025 APR -8 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DJIP, 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 Company were filed on NOVEMBER 25, 2009 and assigned  
Florida document number L09000113514.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

\_\_\_\_\_  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

9100 WILSHIRE BOULEVARD, SUITE 1000W

**(Principal office address MUST BE A STREET ADDRESS)**

BEVERLY HILLS, CA 90212

**Enter new mailing address, if applicable:**

9100 WILSHIRE BOULEVARD, SUITE 1000W

**(Mailing address MAY BE A POST OFFICE BOX)**

BEVERLY HILLS, CA 90212

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

PARACORP INCORPORATED

**New Registered Office Address:**

155 OFFICE PLAZA DRIVE, 1ST FLOOR

*Enter Florida street address*

TALLAHASSEE

**Florida**

32301

*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.*

See Attached

\_\_\_\_\_  
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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DANY GARCIA	9300 WILSHIRE BOULEVARD, SUITE 200	<input checked="" type="checkbox"/> Add
		BEVERLY HILLS, CA 90212	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HOWARD ALTMAN	9100 WILSHIRE BOULEVARD, SUITE 1000W	<input checked="" type="checkbox"/> Add
		BEVERLY HILLS, CA 90212	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZOE LAWRENCE	9100 WILSHIRE BOULEVARD, SUITE 1000W	<input checked="" type="checkbox"/> Add
		BEVERLY HILLS, CA 90212	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 3/25/2025, 2024

- Signed by:

Dwayne Johnson

4870393EB:AC44B

nature of a member or authorized representative of a member

DWAYNE JOHNSON

Typed or printed name of signee

**Filing Fee: \$25.00**

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

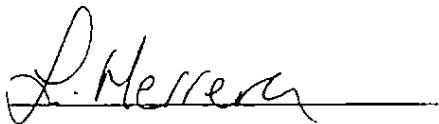
DATE: 3/27/2025

ENTITY NAME: DJIP, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated  
155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**Paracorp Incorporated**, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in black ink, appearing to read "L. Herrera", is written over a horizontal line.

Leticia Herrera, Assistant Secretary  
Paracorp Incorporated