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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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10 JAN 27 AM II: 30 SECRELARY OF STATE FLORIDA

JAN 28 2010

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| SUBJECT: Deju Trends | LLC | |
| | nited Liability Company | |
| | | |
| The enclosed Articles of Amendment and fee(s) are su | ubmitted for filing. | |
| Please return all correspondence concerning this matter | er to the following: | |
| Julie | Zihal | |
| . • | Name of Person | |
| DejuT | irendo | |
| Firm/Company | | |
| 7910 Harbor Island Or. # 1209 | | |
| Address | | |
| North B | au Village. FL 33141 | |
| North Bay Village, FL 33141 City/State and Zip Code | | |
| <u>rubies@</u> | dejutrendo.com | |
| | (to be used for future annual report notification) | |
| For further information concerning this matter, please | call: | |
| Julie Zihal | a 954, 254-3595 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| • | ·· , | |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & \$60.00 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 | STREET/COURIER ADDRESS: Registration Section | |
| Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | |

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 JAN 27 AM II. O

| Deju Trendo LL | V as it now appears on our records to COT STATE | | |
|--|--|--|--|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our recorder ASSEE, FLORIDA | | |
| The Articles of Organization for this Limited Liability Company vi Florida document numbe: <u>L10000007900</u> | were filed on <u>San 21, 2010</u> and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | ed Liability Company," the designation "LLC" or the abbreviation | | |
| 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) | PO BOX 414817 Hiami Beach, FL 33141 | | |
| B. If amending the registered agent and/or registered office address here | | | |
| Name of New Registered Agent: Julia | | | |
| New Registered Office Address: | Enter Florida street address | | |
| North Ba | Yillage, Florida 33141 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** Name <u>Address</u> **Type of Action** Julie Zihal ☐ Add Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) new email address: 25 Dated Signature of a member or authorized representative of a member Zihal Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00