611000132772

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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TO: Registration Division of C			
	NSULTING, LLC		
30bace1.	Name of Lim	ited Liability Company	
	,		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	DANIELLE J. BUTLER		
		Name of Person	
	LUXURY LAW GROUP		
		Firm/Company	
	909 EAST LAS OLAS BO	DULEVARD	
		Address	
	FORT LAUDERDALE, F	L 33301	
		City/State and Zip Code	
	DBUTLER@LUXURYLA		 -
For further informatio	E-mail address: (n concerning this matter, please co	to be used for future annual report notifiall:	heation)
CHERELL MURPHY		954 745-0799	
		at ()	
Nam	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check fo	r 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)
Reg Divi	ILING ADDRESS: istration Section sion of Corporations Box 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee. FL 32314

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

DJB CONSULTING, LLC	
(Name of the Limited Liability Compa ' (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L11000132772	were filed on NOVEMBER 22, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ALLIA S
Enter new mailing address, if applicable:	SEP -6 JAHASSEE.
Mailing address MAY BE A POST OFFICE BOX)	FLORE THE
i	12 DA
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>enter the name of the ne</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
İ	Florida
}	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.

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>		Address	Type of Action
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an effective da	te is listed, the date inserted in	ate must be spec	cific and	cannot be	prior to da	te of filing	or more th	an 90 days	after filing	g.) Pursua	int to 60	5.020
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