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| (R€ | equestor's Name) | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 10, 2016

KEVIN JOYCE 270 W NEW ENGLAND AVE WINTER PARK, FL 32789 US

SUBJECT: DIYCATFFP LLC Ref. Number: L13000042604

We have received your document for DIYCATFFP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 816A00004974

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| DIYCAFFPLLC | | |
|--|---|--------------------------|
| (Name of the Limited | Liability Company as it now appears on our records.) Florida Limited Liability Company) | \ |
| | rionda Emilica Etablitty Company) | |
| The Articles of Organization for this Limited Liab | oility Company were filed on 03/21/2013 | and assigned |
| Florida document number L13000042604 | • | |
| This amendment is submitted to amend the follow | ring: | |
| A. If amending name, enter the new name of t | he limited liability company here: | |
| JOYCE COMPANY LLC JOYCE | BROTHERS LLC | |
| | ds "Limited Liability Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | ole: | |
| (Principal office address MUST BE A STREET | · · · · · · · · · · · · · · · · · · · | |
| - things office admissing OST BIS TIMING | | |
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| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| | | <u> </u> |
| | | AA AR |
| | registered office address on our records, en | |
| registered agent and/or the new registered offic | ce address here: | |
| | | |
| Name of New Registered Agent: | | ω |
| | | 39 |
| New Registered Office Address: | E - Pl. 11 1 | |
| | Enter Florida street address | |
| | , Florida | |
| | City | 7in 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 Title Name Address Type of Action □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add 5 ☐ Remove _□ Remove _□ Change _ Add ☐ Remove ☐ Change □ Add

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| ffective date, if other than the date an effective date is listed, the date must be stote: If the date inserted in this block cocument's effective date on the Depart | pecific and canno does not meet th | ne applicable | late of filing or | | |) Pursu | | |
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Filing Fee: \$25.00