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OIVISION OF CORPORATIONS

22 APR 25 AM 8: 45

T. MATTHEWS

JUN 1 3 2022

COVER LETTER

	Registration S Division of Co			
aun ma	DC FL JJ			
SUBJEC	.1:	Name of Lin	nited Liability Company	
The enclo	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	oondence concerning this matter	to the following:	
		LEYLA SCAPARONE		
			Name of Person	
		JOHN P. MAAS, P.A.		
			Firm/Company	····
		44 NE 16 STREET		
			Address	
		HOMESTEAD, FLORIDA	A 33030	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notil	fication)
For furthe	er information	concerning this matter, please c	all:	
LEYLA	SCAPARONE	Ξ	305 247-7132 at (
	Name	of Person		e Telephone Number
Enclosed	is a check for	the following amount:		
■ \$25.0	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)
	Mailing Addr Registration	Section	<u>Street Address:</u> Registration Sec	
		Corporations	Division of Cor	
	P.O. Box 63 Tallahassee.		The Centre of T 2415 N. Monro	ananassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF CORPORATIONS OF DIVISION OF CORPORATIONS TO

22 APR 25 AM 8: 45

DC FL JJ II, 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 Compar Florida document number L14000130604	iy were filed on 08/20/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company bere:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street a	
	City	, Florida
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my dutie. s provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
IfCi	nanging Registered Agent, Signat	ure of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Copeland, Darryl W. III, Trustee	19382 SW 293rd Street	□Add
		Homestead, Florida 33030	□Remove
			
			□Add
			□Remove
		.	□Change
		□Add	
			□Remove
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		□Add	
		□Remove	
			Change
			□Add
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			□Change

Signature of a member or authorized representative of a member	W	COPELAND, III AND MORGAN L. COPELAND, AS CO-TRUSTEES OF THE COPELAND FAMILY
effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after tiling.) Pursuant to 605.0207 (2022) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the insert of the date on the Department of State's records. Ord 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 filed. d 2022 2022 Signature of a member or authorized representative of a member	L	VING TRUST DATED April 20, 2022.
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Signature of a member or authorized representative of a member		
	ed _	April 20 2022
DARRYL W CODELAND III		Signature of a member or authorized representative of a member
		DARRYL W. COPELAND, III

Filing Fee: \$25.00