## L150000 24355

(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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04/16/15--01017--013 \*\*25.00



ASSITIVETS APR 27 2015

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJML GROUP BLUC, LLC.		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L15000024355</u>	oility Company were filed on 02/09/2015	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of th	he limited liability company here:	
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered agent and/or	registered office address on our records, enter	er the name of the ne
		. AR. <b>3.</b> A.
Name of New Registered Agent:		25 20 21
New Registered Office Address:		Milk or Partie
	Enter Florida street address	TION TO THE PARTY OF THE PARTY
-	, Florida,	Sr Zip Gode
	City	- Zip Goue

## 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANTONIETTA MARQUEZ	201 S. BISCAYNE BLVD.	<b>=</b> Add
		FLOOR 28	☐ Remove
		MIAMI, FL 33133	<u>.</u>
MGR ALEJANDRA MARQUEZ	ALEJANDRA MARQUEZ	201 S. BISCAYNE BLVD.	Add
		FLOOR 28	☐ Remove
		MIAMI, FL 33133	
		Add	
			□ Remove
		Z CO Addi	
			APR Remove. Re
			□ Remove
		<del></del>	Remove

. If amending any other information, enter change(s)	here: (Attach additional sheets, if necessary.)
. Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receip the date this document is filed by the Florida Department of State)	
Dated April 9	<b>\(\)</b>
Dated,	
	. ) (. )
Signature of a member of	outhorized representative of a member
DANIEL MARQUEZ - MGR	•

15 APR 16 PH 12: 56