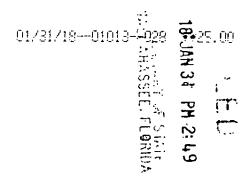
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## COVER LETTER

	Registration Sec Division of Corp							
SUBJEC	DLJ HOLD	INGS, LLC						
SUBJEC	·	Name of Lim	ited Liability Company					
The enclo	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.					
Please rett	urn all correspon	ndence concerning this matter	to the following:					
		Donald Ray Coleman III, F	Esq.					
			Name of Person					
		Donald Ray Coleman, Jr.,	P.A.					
			Firm/Company					
	400 East Duval Street							
			Address					
		Jacksonville, FL 32202						
			City/State and Zip Code					
		ray.iii@colemanlawoffices.						
			to be used for future annual report notific	cation)				
For furthe	r information co	oncerning this matter, please ca	all:					
Donald R	ay Coleman III		904 355-0548					
	Name of	Person	at ()	Telephone Number				
Enclosed	is a check for th	e following amount:						
\$25.0	0 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DLJ HOLDINGS, 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 Company were filed on  $\frac{05/18/2015}{1}$ and assigned Florida document number L15000087327 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter Rié name registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida \_ City

## 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>	<u>Address</u>	Type of Action
MGR	Tom Glover	3030 N Rocky Point Drive	
		150A	<b>■</b> Remove
		Tampa, FL 33607	☐ Change
AR	Donald Ray Coleman III	400 East Duval Street	<b>⊟</b> Add
		Jacksonville, FL 32202	□ Remove
			☐ Change
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			<u>200</u>
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Filing Fee: \$25.00