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(Re	equestor's Name)	
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COVER LETTER .

TO: Registration Sec Division of Corp			d
DORRTJ, LI			
SUBJECT:		ited Liability Company	
	mendment and fee(s) are sub-	•	
	REGINALD CAMPBELL		
		Name of Person	
	DORRTJ, LLC		
		Firm/Company	•
	1733 KEUKA DRIVE, Ap	ot 101	
		Address	
	New Port Richey, FL 3465	55	
		City/State and Zip Code	
	reggie@toservicebeyond.co		
For further information on		to be used for future annual report notific	ation)
	ncerning this matter, please ca		
REGINALD CAMPBELL 813 300-3113 at (
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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)

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

DORRTJ, LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears of d Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L15000098761</u> .	ny were filed on $\frac{06/05}{1}$	/2015	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here	:		
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the desi	gnation "LLC" or the abl	breviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
F-4				
Enter new mailing address, if applicable:			,	
(Mailing address MAY BE A POST OFFICE BOX)		•		
registered agent and/or the new registered office address h Name of New Registered Agent:	ere:			
New Registered Office Address:	Enter Floride	street address		
	Esner 1 lorac			
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agei	nt:			
I hereby accept the appointment as registered agent and a provisions 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 offi company has been notified in writing of this change.	ete performance of m as provided for in Cha	y duties, and I am for apter 605, F.S. Or, confirm that the line	amiliar with and if this document is	
ItC	hanging Registered Agen	t, Signature of New Re	TR	
		, rq		

Page 1 of 3

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
MGR	Demetris F. Campbell	1733 Keuka Dr. Apt# 101	
		New Port Richey, FL 34655	■ Remove
			Change
			□ Add
			Remove
			Change
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			Remove
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fective date, if other th	an the date of	f filing:			_ (optional)	
n effective date is listed, the ote: If the date inserted i	date must be spec	ific and cannot be p	rior to date of filin	g or more than 90 o	days after filing	.) Pursuant to 60
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	Signatur	e of a member or ;	emorized peoreser	ntative of a member	- 52	JAN 2
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Page 3 of 3

Filing Fee: \$25.00