L16000112321

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT. MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
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COVER LETTER

Division of Corporations
SUBJECT: D7110, UC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Carl Christian Name of Person
DJ10 11C Firm/Company
8910 Miramar Pkiny Sto 110
Muramar F1 33025 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Carl Christian Name of Person at (305) (010 492) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& Certificate of Status \$\Bigcup \$55.00 Filing Fee \& Certificate of Status \$\Bigcup \$10.00 Certific

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

_ DJL 10 UC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our reda Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 00/09	2016 and assigned
Florida document number <u>U6000112321</u>	· 	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lie	mited 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 ADD	RESS)	
		20
Enter new mailing address, if applicable:		- P 22 - 1
(Mailing address MAY BE A POST OFFICE BOX)		
		P FII
B. If amending the registered agent and/or regi	istered office address on our rec	cords, enter the name of the ne
registered agent and/or the new registered office add	<u>dress here</u> :	<u></u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
	City	Zip 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Carl Christian	18359 SW 3d St Pembroke Pines Fl	(D⊄ Add
		tembroke times Fl	33024 □ Remove
			Change
			Remove
			Change
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier ϵ 90th day after the record is filed.
ated	February 27th 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00