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J.HARRIS

## **COVER LETTER**

TO:	Registration Sect Division of Corpo						
CUDI	DJ DESIGNS	S, LLC					
SUBJ	ECT:	Name of Limited Liability Company					
The en	nclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please	return all correspond	dence concerning this matter	to the following:				
		Neil David MacGinnis, Jr.					
			Name of Person				
		DJ DESIGNS, LLC					
		<del></del>	Firm/Company	· · · · · · · · · · · · · · · · · · ·			
		3869 South Nova Road, Su	uite #3				
		· · · · · · · · · · · · · · · · · · ·	Address				
		Port Orange, Florida 3212	7				
			City/State and Zip Code				
		neilmacginnis@gmail.com	to be used for future annual report notifi	- Contract C			
For fu	rther information cor	ncerning this matter, please ca		cation)			
Neil E	David MacGinnis, Jr.		386 547-6643				
	Name of I	Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for the	following amount:					
<b>□ \$</b> 2	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:

**TO:**'

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

DJ DESIGNS, 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 October 31, 2016 and assigned Florida document number \_L16000201071 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **VOLUSIA DESIGNS, LLC** The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 the name of the new 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 Title Name **Address Type of Action** □ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change □ Add □ Remove ☐ Change □ Add \_□ Remove \_□ Change \_□ Add □ Remove ☐ Change

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Filing Fee: \$25.00

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