L17000059013

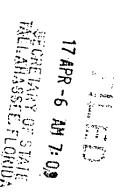
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COVER LETTER

то:	Registration Son Division of Con			
CUDI	ezr.	Des & J Investr	nent Group LLC	
SUBJ	ECT:	Name of Lin	nited Liability Company	
The ei	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Penelope Pin	heiro	
			Name of Person	
		Des & J Ir	vestment Group LLC	
			Firm/Company	
			2170 Blount Road	
			Address	
		Pom	pano Beach Fl 33069	
			City/State and Zip Code	
			exridetransport@yahoo.com to be used for future annual report notil	ication)
For fu	rther information c	oncerning this matter, please c	·	reaction,
	Penelop	e Pinheiro	954 357 1003 at ()	
	Name o	f Person	Area Code Daytimo	Telephone Number
Enclos	sed is a check for t	he following amount:		
□ \$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: 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**

. Des & J Investment Gr	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 3-14-2017 and assigned
Florida document number L17000059013	
This amendment is submitted to amend the following:	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) or this Limited Liability Company were filed on 3-14-2017 and assigned 000059013 to amend the following: the new name of the limited liability company here: sele and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ddress, if applicable: ST BE A STREET ADDRESS) f applicable: POST OFFICE BOX) ered agent and/or registered office address on our records, enter the name of the new new registered office address here: ered Agent:
A. If amending name, enter the new name of the limited	
The new name must be distinguishable and contain the words "Limited l	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS	
	25 - 1 - 20
•	S 2 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
•	22 O
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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
AP	Escarne Flueretta	2170 Blount Road	
		Pompano Bel F1 33069	Remove
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Filing Fee: \$25.00