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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	D3JE LLC					
	<del></del>	of Limited	ł Liabilitý Company			
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered Offic	e Change a	and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to t	he following:			
GOM	IEZ MANTELLINI, DANIELA					
	Name of Person		<del></del>			
	/ D3JE LLC					
	Firm/Company		<del></del>	SEC	2018	<b>G</b> ELLO
1233	2 SW 131 ST AVE			A A A A A A A A A A A A A A A A A A A	2018 AUG :	- 1
	Address			3388	31	12-12-13 13-13-13-13-13-13-13-13-13-13-13-13-13-1
MIAN	MI / FLORIDA 33186			# SE	ક્ષ ઉ	
	City/State and Zip Code		<del></del>	A GIVE	25	. سيده
d.gor	mezman@gmail.com					
	E-mail address: (to be used for future annu	al report no	otification)			
For fu	rther information concerning this matter. p	olease call:				
GOM	IEZ MANTELLINI, DANIELA	305	, 3188863			
	Name of Person	(	Area Code & Daytime Telephor	ne Number	i	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following a	amount:	,			
	□ \$25 Filing Fee	<b></b>	\$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: D3JE LLC							
2. (a)	12332 SW 131 ST AVE	(t	12332	SW 131	ST AV	Έ		•
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-	,	Mailing ac	ldress of li MAY BE I		-	
	MIAMI, FLORIDA		MIAMI,	FLORI	DA .			
	33186		3186					
	01-16-2018 / 01-17-2018		L180000	)14661				
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida NIETO, CONSUELO	4.	•	Docum	ent numl	oer		
ν. (a)	Registered Agent and Registered Office shown on the records of 13480 SW 248 ST	the Florida	Dept. of St	<del></del> ate:				
(b)	Registered Office Address (MUST BE FLORIDA STREET) #4	ADDRESS	2	_		SEC TALL	2018 AUG	<b>-</b>
	HOMESTEAD , FL	33032				74. 74. 74.	AUG 3	<b>5</b>
	GOMEZ MANTELLINI, DANIELA			·		SEX —	) PH	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 12332 SW 131 ST AVE	Office ad	<u>dress</u> :			5 FATE LORIDA	ુ: <del>ક</del> ્ટ	A
	NEW Registered Office Address:			_				
	MIAMI	33186		<del></del>				
signa  I here provisite oble to merit	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and complete ligations of all statutes relative to the proper and complete left reflect a change in the registered agent as provided in-writing of this change.	the reginability experience of the limited	stered officompany, it ited liabil iability co	ce and the is hereby ity company.  Live (1)  Printed of the pacity. I	e busines confirming or as (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	s office ed that t otherwi 2-N me of sign	of the he chase provents	registered inge(s) vided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)

Signature of Registered Agent