## 118000114584

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## COVER LETTER

	of Corporations	
	IM Holdings LLC	
	Name of Limited Liability Company	
The enclosed Artic	icles of Amendment and fee(s) are submitted for filing.	
Please return all ec	orrespondence concerning this matter to the following:	
	Jerrell Frederick	
	Name of Person	
	DFJM Holdings LLC	
	Firm/Company	
	16342 Northdale Oaks Dr	
	Address	
	Tampa, FL 33624	
	City/State and Zip Code	
	dtjmllc@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	nation concerning this matter, please call:	
Dexter Frederick	813 4607916 at ()	
1	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:	
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Certificate of Status Certified Copy Certificate of Certified Copy C	of Status & opy

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

DFJM Holdings LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lu	Company as it now appears on our records.) mited Liability Company)	
Γhe Articles of Organization for this Limited Liability Com	pany were filed on May 07, 2018	and assigned
Florida document number 1.18000114584		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or-	
Enter new principal offices address, if applicable:		01VIS
(Principal office address MUST BE A STREET ADDRES	<u> </u>	Sior Sicr
		- 97 AF
		A OE
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		<b>28 2 2 3 3 3 3 3 3 3 3 3 3</b>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		iter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del>, , , , , , , , , , , , , , , , , , , </del>	, Florid	a
	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
AMBR	Dexter M. Frederick Sr.	16342 Northdale Oaks Dr	
		Tampa, FL 33624	7.0
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ective date, if other than the date of filing:  1 effective date is listed, the date must be specific and cannot be te:  1f the date inserted in this block does not meet the acument's effective date on the Department of State's re-	applicable stat			J) ng.) Pursuant to	— ^ — 605.02
record specifies a delayed effective date, but the poth day after the record is filed.		fective time, i	at 12:01 a.n	n. on the ea	rlier o
ated _7/16/18 July/6717 201  Signature of a member of	18				
Jevell M. Fined Signature of a member o	Level	resentative of a me	mber		
	n ddillottzed tej				

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Filing Fee: \$25.00