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COVER LETTER

TO: Registration S Division of Co			
DJ's Rhy SUBJECT:	thm House, LLC		
-	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alexander Riley, Esq.		
		Name of Person	
	Alexander Riley, P.A.		
		Firm/Company	-
	8192 College Pkwy, Sui	te A1	
		Address	
	Fort Myers, FL 33919		
		City/State and Zip Code	
	alexrileycpa@gmail.com		
		to be used for future annual report notifi	cation)
For further information	concerning this matter, please co	all:	
Alexander Riley, Esq.		239 481-5051	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$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

DJ's Rhythm House, LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)		
he Articles of Organization for this Limited Liability Company were filed on O6/04/2018 orida document number L18000137236			
his amendment is submitted to amend the following:			
If amending name, enter the new name of the limit	ed liability company here:		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the al	obreviation "L.L.C."	
Inter new principal offices address, if applicable:			
<u>Principal office address MUST BE A STREET ADDRE</u>	ESS)		
		2 65 N 255	
		પ 6250	
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
runing uturess mail BE.11 001 01 11 CE DO.1		0 2	
B. If amending the registered agent and/or registered agent and/or the new registered office address and the new registered of the new Name of New Registered Agent:		the name of the	
New Registered Office Address:			
	Enter Florida street address		
	. 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
MGR	John Shull	619 Hancock Bridge Pkwy, Cape Coral FL	🖨 Add
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Effective date, if other than the fan effective date is listed, the date is	ne date of filing: nust be specific and can	not be prior to date of	f tiling or more than 90	(optional) I days after filing.) Pur	rsuant to 605.0	0207
Note: If the date inserted in this document's effective date on the	block does not meet	the applicable sta	utory filing requirer	nents, this date will	not be listed	1 as
e record specifies a delay The 90th day after the re	ed effective date ecord is filed.	, but not an e	fective time, at	12:01 a.m. on	the earlier	r of
June 14 Dated	20	018				
	. D	·				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00