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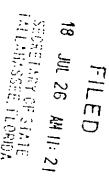
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O SIMMONS
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: DI) Law Group.	Puc	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ai	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Brandon	Jordan	
		Name of Person	
	DI Law	Group, PUC Firm/Company	
		Firm/Company	
	515 E 1 as	Olas Blud # 1	20
		Address	
	Fort Laude	Vidale FL 33 City/State and Zip Code A g Mar 1. Com to be used for future annual report	30 (
	·	City/State and Zip Code	
	brjordenesg	ingmail com	
			notification)
For further information con	cerning this matter, please ca	all:	
Brandon	Irden	at (<u>214</u>) <u>29</u> Area Code Da	8-8573
Name of F	erson .	Area Code Da	ytime 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

DIJ Law Giveryo		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited I.	iability Company)	
The Articles of Organization for this Limited Liability Company (Florida document number <u>L/8000 169 834</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		(1) (1) (三) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered of		the name of the ne
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 . Tiolida	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Brandon Jordan	2445 SW18th Terrale	🗗 Add
		#117	□ Remove
		Fort Landerdake, FL 3:3315	
<u>mar</u>	Zakya Ibarguen	2430 NO 135th St, #10	OS _ Add
		North Miami Beach, F.	Remove
		33181	Change
mar	Anthony Elliott	7297 River Park Cir	新祖
		# 1233 (SSE)	26 Remen
		2297 River Park Cir 3297 60 Orlando, FL 32817	Change
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change

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Signature of a member or authorized representative of a member		1 July 15 Col8.
Signature of a member of authorized representative of a member		d July 15 Col8

Page 3 of 3

Filing Fee: \$25.00