## 119000078958

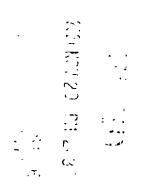
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A. BUTLER
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	DeJUZ G	roup, LLC:	·
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael	MOSES Name of Person	
	DEJUZ	Group, LLC Firm/Company	
		Firm/Company	
	4480 Portof	and way AP+ 207	3
	West Palm	Beach, FL 3348 City/State and Zip Code  lejuz. Com to be used for future annual report noti	, <u>(</u>
	F-mail address: (	lejuz. Com to be used for future annual report noti	fication)
For further information c	concerning this matter, please co	all:	
Michael	Moses		3393 e Telephone Number
Name o	d Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addre</u>	<u>vs:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dejuz	Group, LLC 2311 29 PM 2:31	
( <u>Name of the Limited Liability C</u> (A Florida Lu	Croup, LLC 271 NOV 29 PM 2: 3.5  Company as it now appears on our records.)  Indicate the company of the compan	
The Articles of Organization for this Limited Liability Com Florida document number <u>L19000078958</u> .	spany were filed on $\frac{03/19/2020}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
DeJUZ, LLC	Liability Company the designation "LLC., or the abbreviation "L.L.C.,	
The new name must be distinguishable and contain the words "Limited	,	
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registere	
Name of New Registered Agent:	NA	
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
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
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			□Change
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