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SECRETARY OF STATE
TALLAHASSEE, FL



COVER LETTER

Division of Co	rporations		
SUBJECT: DJMC Car	oital LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	John Paul Jones		
		Name of Person	
	DJMC Capital LLC		
		Firm/Company	
	407 Lenna Avenue		
	-	Address	· · · · · · · · · · · · · · · · · · ·
	Seffner, FL 33584		
	jjones2533@verizon.net	City/State and Zip Code	
	·· -	to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
John Paul Jones		813 494-3869	
Name of Person		813 494-3869 at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	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
Mailing Addres	···	Street Address	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address: 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

DJMC Capital LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number L19000096240	were filed on 04/08/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		SECR.
Enter new mailing address, if applicable:		RETARY AHAS
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		Ser ser
3. If amending the registered agent and/or registered office	address on our records, <u>e</u>	nter the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:	_ -	
New Registered Office Address:	Enter Florida street a	ddwara
	City	, Florida

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 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	Marcia L. Davis		□Add
		12013 Lake Butler Blvd., Windermere, FL 34786	■Remove
			□Change
MGR	Charlene S. Jones		□Add
		407 Lenna Avenue, Seffner, FL 33584	= Remove
			□Change
		AHA.	Remove
		ASSET	i \.
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fective date, if other than the d in effective date is listed, the date must b	ate of filing: . e specific and ca	nnot be prior to	date of filing o	or more than 90 d	_ (optional) ays after filing.) i	Pursuant to	605.0207
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cument's effective date on the Dep	artinent of Stat	ic s records.					
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is filed.		2020					
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