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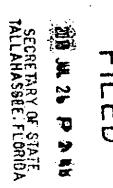
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07/26/19 [1011- [1] [1]



COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	DJP MED	LLC		
301201		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub ondence concerning this matter	_	
i icase i	ctum an contespe	Diego J Perez	to the following.	
		DJP MED LLC	Name of Person	
		13581 SW 112th Avenue	Firm/Company	
		Miami / Florida / 33176	Address	
		dp6263L@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report r	otification)
For furt	her information c	oncerning this matter, please of	all:	
Diego .	J Perez		305 542 264 ⁻¹	I
	Name o	f Person		time Telephone Number
Enclosed	d is a check for th	ne 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 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJP MED LLC

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	rida Emined Elability Company)	219 此 26 户 9 46
The Articles of Organization for this Limited Liability	Company were filed on $\frac{07/03/201}{1}$	and assigned
Florida document number L19000173513	·	SECRETARY OF STATE TALLAHASSEE. FLORIDA
This amendment is submitted to amend the following:	:	A Comment of the Comm
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our re	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	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	Diego J Perez	13581 SW 112th Avenue Miami, FL 33176	
			■ Add
			Remove
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			□ Add
			П Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change

-	
ffect	07/20/2019 ive date, if other than the date of filing: (optional)
an cf	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 000
cum	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
rec	90th day after the record is filed.
The	,
me	
me	
me	
me	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00