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COVER LETTER

	Registration S Division of Co				
ern rez	DJ Cookie	.LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company		
The orela	send Articlus of	Amendment and fee(s) are sub	omitted for filing		
		ondence concerning this matter			
		Devon Nunneley			
			Name of Person		
			Firm/Company		
		199 Mill Branch Rd.			
			Address		
		Tallahassee, FL 32312			
			City/State and Zip Code		
		dnunneley@gmail.com			
For furth	er information (n-mail address: (concerning this matter, please c	to be used for future annual report not all:	(Hicanon)	
Devon 8	lunneley		202 3511947 at ()		
	Name (of Person	at ()	ne Telephone Number	
Enclosed	is a check for t	he following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$35.00 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		Street Address: Registration So	ection		
Division of Corporations		Division of Corporations			
	P.O. Box 63: Tallahassee,			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

73 73 8: 17 DJ Cookie, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ________ and assigned Florida document number 1.20000285522 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DKN Consulting, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 199 Mill Branch Rd. Enter new principal offices address, if applicable: Tallahassee, FL 32312 (Principal office address MUST BE A STREET ADDRESS) 199 Mill Branch Rd. Enter new mailing address, if applicable: Tallahassee, FL 32312 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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

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. Thereby 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 Lockwood	106 E. College Ave. Suite 810	□Add
		Tallahassee, FL 32301	≣Remove
			□Change
			□Add
			□Remove
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			□Remove
			□ Change
			🗆 🗸 🗆 🗸 dd
			□Remove
			□Change

Note:	(optional) fective date, if other than the date of filing: (optional) 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 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco cord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the fled.
Dated	
	Signature of a member or authorized representative of a member
	Devon Nunneley