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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : SA FINANCE & ACCOUNTING INC. Account Number : I20190000111 Phone : (407)800-7028 fax Number : (407)992-9407 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** .. Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DFJ INVESTMENTS LLC

Certificate of Status	0
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M. SOLOMON

JUN - 7 2024

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COVER LETTER'

TO: Registration Section **Division of Corporations**

DFJ INVESTMENTS LLC SUBJECT: __ Name of Limited Liability Company

> The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following:

Maria C Sousa Neiva
Name of Person
SA Finance & Accounting Inc
Firm/Company
5728 Major Blvd Ste 307
Address
Orlando Florida 32819
City/State and Zip Code
Licenses@satinacc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria C Sousa Name of Person Daytime Telephone Number

Enclosed is a check for the following amount:

Mailing 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



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DFJ INVESTME	ENTS LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company	were filed 10/20/2020	and assigned	
on Florida document number <u>L20000332829</u>			
This amendment is submitted to amend the following:			
this afferdment is submitted to afferd 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	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	10826 Bal Harbor Dr	No.	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33498		
		150 +7	
Enter new mailing address, if applicable:	10826 Bal Harbor Dr	79.5 1764 — ——————————————————————————————————	
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33498	η 5.	
		}: <u> </u>	
B. If amending the registered agent and/or registered office a	ddress on our records, <u>enter th</u>	ie 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		
	Ciŵ	Zıp Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605. F.	l I am familiar with and S. Or, if this document is	

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MGR = Manager

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_ 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:

AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□ Add		
			□Remove		
			□Change		
			□Add		
			□Remove		
			. □Change		
			□ Add ⊆ ☐ ☐ Add ⊆ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
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			□Remove		

Typed or printed name of signee