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COVER LETTER

Division of Corporations
SUBJECT: AMJOM LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Darren Sharoo Name of Person
Firm/Company
10488 NW third Place
Coral Springs, FL 33071 CityState and Zip Code
Darren @ Darmel properties. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Davien Shagoo at (954) 243.9726 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution So
Mr. der un
Mailing Address: Street Address:
Registration Section Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT . TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000 365953</u> .	were filed on November 10,202 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company here:				
Darmer Properties LLC The new name must be distinguishable and contain the words "Limited Liability".	ity 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)	10488 NW Third Place Coral Springs, FL 33071				
Enter new mailing address, if applicable:	10488 NW third Place				
(Mailing address MAY BE A POST OFFICE BOX)	Coral Springs, FL 33071				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:	v.* 				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is				

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
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			□Remove
			□Change
			
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