## L21 000 083 112

(Requestor's Name)	
(Address)	
(Address)	
, ,	
(City/Chata Cia/Dhana 40	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(,	
O ME al Carlos	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
<u> </u>	





200431690262

35,721 (24---01035--003) \*\*25,60

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT: DAJ S	Supplies LLC		
		mited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	ibmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
	Julie Alexis Felix		
		Name of Person	
	Access Accounting	and Payroll, LLC	
		Firm/Company	<u>.</u>
	8401 Lake Worth F	Rd. #102	
		Address	
	Lake Worth, Fl. 3346	67	
	<u> </u>	City/State and Zip Code	
	julie@aaptax.com		
	E-mail address:	to be used for future annual report	ort notification)
For further information	on concerning this matter, please	call:	
Hylton Bigney Co	ns Hamilton	at ( 561 )	600-9288
Nan	ne of Person		Daytime Telephone Number
Enclosed is a check for	or the following amount:		
☑ \$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Add</u> Registratio		<u>Street Addr</u> Registratio	
_	f Corporations		of Corporations
P.O. Box 6	•		e of Tallahassee
Tallahasse	e. FL 32314	2415 N. M	fonroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAJ Supplies LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited)	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited L Torida document number <u>L21000083112</u>	iability Company	were filed on <u>02/18</u>	3/2021 and assigned
his amendment is submitted to amend the foll	owing:		
a. If amending name, enter the new name o	f the limited liab	oility company here:	
	<del></del>		
he new name must be distinguishable and contain the v	vords "Limited Liabi	itty Company, the design	nation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applic	eable:	2165 SW 80th	Ter.
Principal office address MUST BE A STREET ADDRESS)		Miramar, Fl. 330	25
nter new mailing address, if applicable:		2165 SW 80th To	er.
Mailing address MAY BE A POST OFFICE BOX)		Miramar, Fl. 330	25
<ol> <li>If amending the registered agent and/or registered office addressed office addressed.</li> </ol>		address on our recor	ds, <u>enter the name of the new regist</u>
Name of New Registered Agent:	Access Acc	counting and Payr	oll, LLC
New Registered Office Address:	8401 Lake	Worth Rd. #102	
-		Enter Florida s	treet address
	Lake Worth		Florida <u>33467</u>
		City	Zip Code

## 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 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
Authorized <u>Member</u>	Johnson, Derick	7901 4th St. N ste 300	□Add
		St. Petersburg, Fl. 33702	
		701 SW 68th Ter.	□Change
MGR	Hylton Bigney Cons Hamilton	Pembroke Pines, Fl. 33023	
			□Remove
		<del></del>	□ Change
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
If an et <u>Note:</u>	fective date, if other than the date of filing:
e reco d 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 iled.
Dated	6-19-2024  Hewee  Signature of a member or authorized representative of a member
	Here &
	— Signature of a member of authorized representative of a member
	Hylton B. Hamilton  Typed or printed name of signee

1311 13 6350