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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DT Rome P 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:
Jerone Pittman Name of Person  DJ Rome PLLC Firm/Company
41597 Sunburst Civa
City/State and Zip Code  D. Rome P. amal. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (941) 313 0683  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified copy (additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJ Rome P, LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our record a Limited Liability Company)	<u>s.</u> )
he Articles of Organization for this Limited Liability C	Company were filed on 03/08/2021	and assigned
lorida document number 1.21000108685	<u>_</u> .	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
		···
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new registe
		1 = 7 - 4 - 3
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	: <b>s</b>
		orida Zip Code
	City	Zip Code
ew Registered Agent's Signature, if changing Registere	ed Agent:	ن ـــــ

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	Jerome Pittman	4597 Sunburst Ave, North Port, Fl 34286	
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
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	l Jerome Pittman as th				
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fective date, if other an effective date is listed ote: If the date insert ocument's effective d	I, the date must be speci- ted in this block does	ific and cannot be price not meet the appli	icable statutory fili	more than 90 days aft	tional) er filing.) Pursuant to 605.020 nis date will not be listed a
record specifies a dela	ayed effective date, by	ut not an effective	time, at 12:01 a.m	. on the earlier of: (	(b) The 90th day after th
is filed.					
is filed.		. 2021	·		
			·		
is filed.	From Dif	2021	harized representative	ve of a member	