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COVER LETTER

то:	Registration Sec Division of Corp					
erm rea	DJR 3 LLC	•	•	;		
SUBJEC	JI:	Name of Lim	ited Liability Company			
The encl	osed Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspon	idence concerning this matter	to the following:			
		Richard Swift				
			Name of Person			
		GrayRobinson, P.A.				
			Firm/Company			
			Address			
		1404 Dean Street, Suite 30	00. Fort Myers FL 33901			
			City/State and Zip Code			
		joanmar@msn.com	to be used for future annual repor	t patification)		
For furth	er information co	neerning this matter, please co	•	· nonticultyny		
Richard	Swift		239 340-79°			
_	Name of	Person	Area Code D	aytime Telephone Number		
Enclosed	l is a check for the	following amount:				
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address: Registration Se		Street Addre Registration			
	Division of Co	rporations	Division of	Corporations		
	P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 21 PM 1: 23

(Name of the Limited Liability Company as it now appears on our records ALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on May 5, 2021 and assign Florida document number L21000210823 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Principal office address, if applicable: (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 reagent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent: New Registered Office Address: Mia Talarico 3465 Bonita Beach Road, Unit #103	DJR 3 LLC			ÇÇ.	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 reagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Mia Talarico 3465 Bonita Beach Road, Unit #103	(Name of the Limi	ted Liability Compa (A Florida Limited	inv as it now appears on (Liability Company)	our records A L A	ASSEE, FL
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC. Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) Bonita Springs, Florida 34134 B. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Mia Talarico New Registered Office Address: 3465 Bonita Beach Road, Unit #103		Liability Company	were filed on May 5.	2021	and assigned
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C. Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX; Bonita Springs, Florida 34134 Bonita Springs, Florida 34134 B. If amending the registered agent and/or registered office address on our records, enter the name of the new regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Mia Talarico 3465 Bonita Beach Road, Unit #103	lorida document number	·			
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3465 Bonita Beach Road, Unit #103	•••	ROX)	Bonita Springs, Flori	da 34134	-
Name of New Registered Agent: New Registered Office Address: Mia Talarico New Registered Office Address: 3465 Bonita Beach Road, Unit #103		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
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Name of New Registered Agent: New Registered Office Address: 3465 Bonita Beach Road, Unit #103			address on our recor	ds, <u>enter the name</u>	of the new registo
New Registered Office Address: 3465 Bonita Beach Road, Unit #103	gent and/of the new registered timee addre	ss here:			
New Registered Office Address.	Name of New Registered Agent:	Mia Talarico	<u>,</u>		
Γ . $\Gamma U = U$	New Registered Office Address:	3465 Bonita Bi		<u>.</u>	
Enter Florida street address					
Bonita Springs, Florida 34134 Florida 34134		Bonita Springs		, Florida <u>341.</u>	34

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>	<u>Address</u>	Type of Action
MGR	Joan Martin	9294 Aviano Drive #202	= Add
		Fort Myers, FL 33913	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
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