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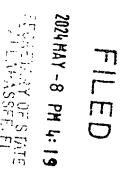
| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |   |   |
|--|---|---|---|
| SUBJECT:                               | DZJ   | LLC   |   |
| •                                      | Name of Limi                                    | ted Liability Company   |   |
| The enclosed Articles of .             | Amendment and fee(s) are sub                    | mitted for filing.  |   |
| Please return all correspo             | ndence concerning this matter                   | to the following:   |   |
|  | DAV   | Name of Person  |   |
|  |   | Name of Person  | ·   |
|  | DS  | J LLC   |   |
|  | <u></u>   | Firm/Company  | <u> </u>  |
|  | 10479 MER                                       | JOOL DRIVE  |   |
|  |   |   |   |
|  | VENICE,   | FL 34293 City/State and Zip Code Compared to be used for future annual report notified to the compared to the |   |
|  | do a ocio                                       | City/State and Zip Code   |   |
|  | E-mail address: (t                              | to be used for future annual report notif   | ication)  |
| For further information c              | oncerning this matter, please co                |   |   |
|  |   |   |   |
| <u> </u>                               | 11) 13. PEPSIN                                  | /at ( <u>609</u> ) <u>364</u>   | 30 <del>€</del>   |
| Name o                                 | reison  | Area Code Paytinic  | retephone Number  |
| Enclosed is a check for th             | ne following amount:                            |   | ,   |
| □ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)   | S60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

DZJ LC

| (A Florida Limi   | mpany as it now appears on our records.) ted Liability Company)                                 |
|---|---|
| The Articles of Organization for this Limited Liability Comp  Florida document number   | any were filed on May 27, 2021 and assigned   |
| This amendment is submitted to amend the following:   | SSEES D   |
| A. If amending name, enter the new name of the limited    NA (NAME REMANNS THE SAME  The new name must be distinguishable and contain the words "Limited I. | ) III G   |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  | DZJ LLC   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   | DZT UC<br>PO BOX 669<br>NOKOMIS, FL 34274   |
| agent and/or the new registered office address here:  | ice address on our records, enter the name of the new registered                                |
| Name of New Registered Agent:   | PAVID B. PEPSIN  79 MED JOOL DRIVE  Enter Florida street address  VICE  City  Florida  Zip Code |
| New Registered Office Address: 104  | 79 MED JOOL DRIVE  Enter Florida street address   |
| VEI   | V1CE  |
| N. D. Carlotte and Co. Carlotte and Co.   | 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

1 Jan B. Per

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

Title Title Name

AMBR DAVID B. EPSIN 10479 MEDITOCL DRIVE NAdd

VENICE, FL 34293 

Remove Name Type of Action AVANCED CHEYENNE MUSELEY
LEPRESENTATIVE LEGALZOOM. COM, INC \_\_\_\_ □ Add \_\_\_\_\_ Remove \_\_\_\_\_ Change □Add \_\_\_\_\_ Remove \_\_\_\_\_ Change

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| <mark>fective</mark><br>in effect | e date, if other than the date of filing: 430/3024 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 |
| ote: If                           | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at t's effective date on the Department of State's records.                      |
|                                   |   |
| record s                          | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th.   |
|                                   |   |
| is filed                          | APRIL 30TH 2024   |
| is filed                          | 1)an B. Pr.   |

Typed or printed name of signee