L21000254915

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of 8/23/2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: DJ C	Crash Production	ONS LLC ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
	Brodrick	C Y Ev	
	DJ CRash	Productions LLC Firm/Company	
	645 East	21 St Street AP+#1	105
	Jack Sonvill	e, FL 32206 City/State and Zip Code	
	Oneal.larc	on 8 @ gmail. Com o be used for future annual report notifica	ation)
For further information co	oncerning this matter, please ca		
Brockic K Name of	Person	at (404) 909 - Area Code Daytime T	1829 Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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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

2022 AUG 23 AM 9: 16 The Articles of Organization for this Limited Liability Company were filed on Tune 1, 2021 and assigned Florida document number L21000254915 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) 645 East 21st Street AP+ # 1105 Enter new mailing address, if applicable: Jacksonville, FL 32206 (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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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
MGK	Brodrick Cyler	645 East 21st Street Ari	FIN BIAdd
		Jacksonville, FL 32206	□Remove
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n effect	me date insert	ea in this bloc	k does not meet i	the applicable statutory filing requirements, this date will not be listed as the
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Typed or printed name of signee

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