## L21000278039

(Reques	stor's Name)	<u>.</u>
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PICK-UP	] WAIT	MAIL
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(Docum	ent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	

Office Use Only 5. C-07/29/21



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## **COVER LETTER**

TO: Registration Set Division of Cor			
	ESTMENTS LLC		·
SUBJECT:	Name of Lin	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Harris		
		Name of Person	<del></del>
	DJKC Investments LLc		
		Firm/Conpany	
	542 Orange Dr. Apt 16		33
		Address	
	Altamonte Springs, Fl. 32	701	
		City/State and Zip Code	
•	DJKCINVESTMENTS202	I@GMAIL.COM	^> **
	E-mail address: (	to be used for future annual report notification)	
For further information c	concerning this matter, please c	all:	7 7 A 11: 21
DAVID HARRIS		571 2513057	
Name o	of Person	Area Code Daytime Telephone	e Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporation: The Centre of Tallahasse	
Tallahassee,		2415 N. Monroe Street,	-

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJKC INVESTMENTS LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 06/15/2021	and assigned
Florida document number (12.17/1/1997)	_ <del>_</del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
'he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		<u> </u>
Enter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		·
	<del></del>	
) If any and in a the precision and account and for account and	9	
<ol> <li>If amending the registered agent and/or registere gent and/or the new registered office address here:</li> </ol>	ed office address on our records, enter the	name of the new registe
	•	
Name of New Registered Agent:		
New Registered Office Address:		5 1
New Registered Office Address.	Enter Florida street address	<del>- ( )</del>
	, Florid	 ≥
	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
MGR	DAVID HARRIS	542 ORANGE DR. APT 16 ALTAMONTE SPRING	S ■Add
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			Change
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Filing Fee: \$25.00