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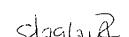
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

ΓΟ: Registration S Division of Co				
SUBJECT:	DARA DEE JOHN	ISON, DJ TOO EASY, L	LC	
)	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		DARA R. JOHNSON		
		Name of Person	· -	
	_ {	ASY PLANSIUC	₩	
		Firm/Company		_
	4040.5	• -	AUT 000	
	1018 N	I CALDWELL STREET UI	AII 660	
		Address		
		CHARLOTTE, NC 28206		
-		City/State and Zip Code		_
		THDJTOOEASY@GMA		
	E-mail address: (to be used for future annual r	report notification)	
For further information	concerning this matter, please c	all:		
DARA	R. JOHNSON	at (937)	307-3487	
Name	of Person	Area Code	Daytime Telephone Number	er
		i		
Enclosed is a check for	the following amount:	•		
□ \$25.00 Filing Fee	X \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certific osed) Certific	ate of Status &
Mailing Addre Registration Division of			Idress: Ition Section In of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DARA DEE JOHNSON, DJ TOO EASY, LLC

any as it now appears (Liability Company)	on our records.)	_
y were filed on	30 JUNE 2021	and assigned
bility company her	<u>·e</u> :	
K.U.C		
ility Company," the des	signation "LLC" or the abb	reviation "L.L.C."
, 		
·		
address on our red	cords, <u>enter the name</u>	of the new regist
	"	-
Enter Floric	da street address	<u>.</u>
	Florida	_
City	,	Zip Code
		in Code
	bility company her	bility company here: C

! 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> Fitle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		□Change	
			□Add
			Remove
			□ Change

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
4	
Note: If the	date, if other than the date of filing:
If the record specord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated K	Signature of a member or authorized representative of a member
	DARA R. JOHNSON
	Typed or printed name of signee

Filing Fee: \$25.00