## 621000349167

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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

D & J ENT	ERPRISE AND CONSULTA	NTS, LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Deja Monteagudo		
		Name of Person	
	D & J ENTERPRISE AN	D CONSULTANTS, LLC	
		Firm/Company	<del></del>
	2851 W PROSPECT RO	AD Unit 1202	
		Address	
	TAMARAC, FL 33309		
		City/State and Zip Code	
	dejamonteagudo@gmail.		
	E-mail address: (	to be used for future annual report not	fication)
For further information of	concerning this matter, please co	all:	
Deja Monteagudo		954 629-8700 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 63: Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D & J ENTERPRISE AND CONSULTA		
( <u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our record ida Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 08/03/2021	and assigned
Florida document number L21000349167	·	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 AD	DRESS)	
		2021 :21
		100 PE
Enter new mailing address, if applicable:		
<u>.                                    </u>		H. IVI
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
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B. If amending the registered agent and/or registe agent and/or the new registered office address here		the name of the new register
agent and/or the new registered office address her	•	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	.s.s
		lorida
	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 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
AMBR	Deja Monteagudo	2851 W Prospect Road Unit 1202 Tamarac, FL	. 33 □Add
			□Remove
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September 9th 2021  Signature of member of authorized representative of a member	September 9th		021				