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Registration Section

Division of Corporations

TO:

DJI Market	ing LLC		
SUBJECT:		nited Liability Company	
The analoged Arriches of	Amundment and Greek are sub	amittad for tiling	
		_	
Please return all correspo	ondence concerning this matter	to the following:	
	Jonathan Stahler, Esq.		
		Name of Person	<u> </u>
	Name of Limited Liability Company d Articles of Amendment and fec(s) are submitted for filing. n all correspondence concerning this matter to the following: Jonathan Stahler, Esq.		
		Firm/Company	
	11904 Boldface Drive	Address City/State and Zip Code ILcom It address: (to be used for future annual report notification) Tr. please call: 717 503-7229 at () Area Code To Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (certified Copy (additional copy is enclosed)	
		Address	
	Orlando, FL 32832		
	jmstahler3@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
Jonathan Stahler, Esq.		717 503-7229	
		at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration 1 Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\ <u></u>	ited Liability Compa (A Florida Limited	any as it now appears on our r Liability Company)	records.)
The Articles of Organization for this Limited Florida document number L21000374949	Liability Company	were filed on August 20, 2	2021 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liah	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liahi	ility Company," the designation	"LLC" or the abbreviation "LL.C."
Enter new principal offices address, if appl		11904 Boldface Drive	r: D
emer new principal offices address, if appr Principal office addr <u>ess MUST BE A STRE</u>		Orlando, FL 32832	
	<u> </u>		NO PROPERTY.
Enter new mailing address, if applicable:		11904 Boldface Drive	PIA 3
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32832	SANOLLA SANOLL
		.,	enter the name of the new reg
		address on our records, <u>c</u>	
ngent and/or the new registered office addr Name of New Registered Agent:	ess here:		
gent and/or the new registered office addr	ess here: N/A 11904 Boldface	: Drive	ant heave
	ess here: N/A	: Drive	

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
			□Add
			□Remove
			□Change
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f an effecti <mark>Note:</mark> Af	e date, if other the ive date is listed, the of the date inserted in the date of the date	late must be specifi this block does r	c and cannot be properties of the capp	licable statutor	ig or more than 90 y filing requirer	(optional) days after filing.) ments, this date	Pursuant to 6 will not be 1	505,0207 isted as
record s d is filed.	pecifies a delayed (effective date, but	t not an effective	e time, at 12:01	a.m. on the ear	lier of: (b) The	: 90th day at	fter the
Dated	ne 28		2022					