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2022 FEB 28 PH 2: 50 SECRETARY OF STATE

Ch 3/4/2022

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	DJH Proc	perties LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Dyla	Hagarty Name of Person	
	рэн	Properties Firm/Company	
		Clark Ore	
	Ta-pa,	City/State and Zip Code	
		City/State and Zip Code	·
	E-mail address: (gerty DMD@ gma.	fication)
For further information c	oncerning this matter, please co		
Dulan Ha	acity	at (<u>813</u>) 391 -	9401
Name o	i Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
≤ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	.7	The Centre of T	fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Properties LLC 2022 FEB 28 PM 2: 50 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECREMEN BY OF STATE TALLAHASSEE, FL 12-09- 2021 and assigned The Articles of Organization for this Limited Liability Company were filed on Florida document number _ L 21000 52 1156 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) Enter new mailing address, if applicable: (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

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.

___, Florida ___

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>	Name	Address	Type of Action
MGR	Dylan Hagerty	3607 5 Clark are Tampa Fi	73629 Add
			□Remove
			□Change
			□Add
			Remove
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AM	
Signature of a member or authorized representative of a member	02-23-2022
Signature of a nighter of authorized representative of a memori	Signature of a mambar or authorized representative of a mamber
Dylan Hagerty Typed or printed name of signee	