Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000122122 3)))



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To:		
	Division of	Corporations
	Fax Number	: (850)617-6383

From:

Account Name	:	REGISTERED AGENTS	INC
Account Number	:	120090000081	
Phone	:	(307)200-2803	
Fax Number	:	(855)330-1010	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&J HOLDINGS NORTH AMERICA, I	LLC	2
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(<u>Name of the Limited Llability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>01/31/2022</u> and assigned Florida document number L22000032812

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 "L.L.C."

Enter new principal offices address, if applicable:7901 4th St N STE 300(Principal office address MUST BE A STREET ADDRESS)St. Petersburg, FL 33702Enter new mailing address, if applicable:7901 4th St N STE 300(Mailing address MAY BE A POST OFFICE BOX)St. Petersburg, FL 33702

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	Registered Agents Inc		- -	023 H	
New Registered Office Address:	7901 4th St N STE 300		-	AR 3	
	Enter Florida street address				
	St. Petersburg	Florida	33702	РН	
	Спу			ode	
Registered Agent's Signature if changing	Registered Agent:			\sim	

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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager

• •

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Grey, Dane	7901 4th St N STE 300	X Add
		St. Petersburg, FL 33702	[]Remove
			🗆 Change
MGR	Grey, Dane	76 SOUTH LAURA ST., SUITE 1702	🗆 Add
		JACKSONVILLE, FL 32202	⊠Remove
			🗆 Change
			🗆 Add
			□Change
			□Adđ
			🗌 Remove
			🗍 Change
			🗆 Add
			🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			□Change

•

D. If amending any other information. enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 31	2023
Return "	W.1/
	Signature of a member or authorized representative of a member
Robin Jones	

Typed or printed name of signee

Filing Fee: \$25.00