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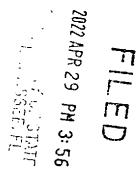
(Requestor's Name)						
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C. BRUMBLEY

JUN 2 2 2022

COVER LETTER

Div	ision of Corpo	rations					
SUBJECT:	DJ2 Developm						
Name of Limited Liability Company							
The enclosed	Articles of An	nendment and fee(s) are subm	itted for filing.				
Please return	all correspond	ence concerning this matter to	the following:				
		Joseph Pellegrino					
			Name of Person				
		DJ2 Development, LLC					
Firm/Company							
	9220 Bonita Beach Road Suite 102						
			Address				
		Bonita Springs, FL 34135					
			City/State and Zip Code				
		joe@jmichaelconsult.com					
	·	E-mail address: (to	be used for future annual re	eport notification)			
For further in	formation con	cerning this matter, please cal	l:				
Joe Pellegrin	10		973 356: at ()	5703			
Name of Person			Area Code	Daytime Telepho	one Number		
Enclosed is a	check for the f	following amount:					
■ \$25.00 F	iling 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)		

Registration Section

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJ2 Development, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 14, 2022 and assigned Florida document number 1.22000128691 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) മ 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 __, Florida ___ Cirv

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 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	N/A
AMBR =	Authorized Member	14/14

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
 .			
			□Remove
			□Change
<u>_</u>			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
		 	□Remove
			□Add
			□Remove
			□Change

Typed or printed name of signee

Joseph M Pellegrino