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(Re	questor's Name)	
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(Ad	dress)	
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bA)	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u>-</u>
(50	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filina Officer:	
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Office Use Only



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SECRETARY OF STATE OF SECRETARY OF STATE OF STATE OF SECRETARY OF SECR

COVER LETTER

TO:	Registration Se Division of Cor		ι	
SUBJE	DJ'S ART [y *	
SUBJE	СТ:		nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		AGUSTIN D AYALA JR		
			Name of Person	
			Firm/Company	
		1561 KIA DR		
			Address	
		HOMESTEAD, FL 33033		
			City/State and Zip Code	
		tattoodj04@yahoo.com		
			to be used for fitture annual report notification)	
For furth	her information ed	oncerning this matter, please c	all:	
AGUST	'IN D AYALA JI	₹	at () 7863991075 Area Code Daytime Telephone	
	Name of	l Person	Area Code Daytime Telephone	Number
Enclosed	d is a check for th	e following amount:		
≡ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	60.00 Filing Fee. Certificate of Status & Certified Copy (dditional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJ'S ART LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	прапу as it now appears on our records led Liability Company)	.)
The Articles of Organization for this Limited Liability Compa	any were filed on 04/18/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
	*	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter t</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 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
AMBR	AGUSTIN D AYALA JR	1561 KIA DR HOMESTEAD, FL 33033	= Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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		□ Change	
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			Remove
			Change
			🗖 Add
			⊡Remove
			□Change
	 	□Add	
			□Remove
			[]Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add EIN 88-2164601 to page E. Effective date, if other than the date of filing: $\frac{04/12/2022}{1}$ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Signature of a member or authorized representative of a member AGUSTIN D AYALA JR

Filing Fee: \$25.00

Typed or printed name of signee