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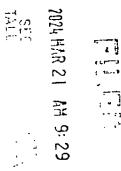
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COVER LETTER

TO:

Registration Section
Division of Corporations

DJD FINA SUBJECT:	NCIAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DIEGO J DE MASI		
		Name of Person	
	DJD FINANCIAL LLC		
		Firm/Company	
	9411 EVERGREEN PLAC	CE, APT 303	
		Address	
	DAVIE, FL 33324		
		City/State and Zip Code	
	DJDFINANCIAL@GMAII	L.COM	
	E-mail address: (to be used for future annual report noti-	fication)
For further information c	concerning this matter, please c	all:	
DIEGO J DE MASI		516 737-5464 at ()	
Name of Person		Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing 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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJD FINANCIAL LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 05/31/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
DIEGO DE MASI LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		2024 S:
Mailing address MAY BE A POST OFFICE BOX)		F 61
		N ==1
	-1	
3. If amending the registered agent and/or registered office a	iddress on our records, enter the	e name of the new register
gent and/or the new registered office address here:		2
		<u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flori	do
	City	ua 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 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
			□Add
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			☐Change
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