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COVER LETTER

| TO: Registration Section Division of Corporations |
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| SUBJECT: DJC Remodeling UC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| DANIELA. CASTILLO GARCIA Name of Person |
| DJC Renodeling LLC. Firm/Company |
| 17710 NW 73 AUE APT 103 |
| Histeat, Fl 33015 City/State and Zip Code daniel a costillo 8 @ Gmail. com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Daniel A. Castillo Garagat (305) 889-9615 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee Certificate of Status & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed) |

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

11

| DJC REMODE | eling ILC. |
|---|---|
| (Name of the Limited Liability (A Florida L | Company as it now appears on our records.) imited Liability Company) |
| The Articles of Organization for this Limited Liability Cor Florida document number <u>L220003338</u> | impany were filed on $\frac{7/28/22}{53}$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limite | ed liability company here: |
| | The Comment of the Assignment of the Spheroving on "LLC" |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our records, enter the name of the new registered |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Florida |
| | 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 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> | | | | <u>Address</u> | | | | | Type of Action |
|--------------------------|----------|--------|------------|----------------|-------------|-------------|-------------|-------------|-----------------|
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| (If an effi Note: | ve date, if other than the date of filing: |
| f the record secord is fil | I 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 ed. |
| Dated | 8/14/2022 Ne. |
| | Signature of a member or authorized representative of a member |
| | |
| | Daniel A. Castillo GARCIA Typed or printed name of signee |
| | Typed or printed name of signee |