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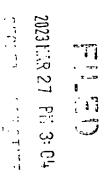
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COVER LETTER

Service Control

TO:	Registration Se Division of Cor		4 • • • • · · · · · · · · · · · · · · ·	er ()
aun in	DJ's Person	a/Care Service, LLC		
SUBJE	C#:	Name of Lim		
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Djuna Poole		
		-	Name of Person	<u> </u>
		DJ's Personal Care Service	LLC	; 20
			Firm/Company	73
		13592 North US Highway	27	72
			Address	1 PX 3: 04
		Ocala, FL 34482		गांद अ
		 	City/State and Zip Code	平 4
		djunatt@gmail.com	to be used for future annual report not	(fication)
For furt	her information c	oncerning this matter, please c	•	meanony
Djuna l	Poole		352 362-8281	
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration Set Division of Contre of The Centre of Tallahassee, Florida Part 1982.	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJ's Personal Care Service, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Clability Company)
The Articles of Organization for this Limited Liability Company	were filed on 9-27-22 and assigned
Florida document number L22000419845	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
DJ Support Service, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2022
Principal office address MUST BE A STREET ADDRESS)	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 30
B. If amending the registered agent and/or registered office and and/or the new registered office address here:	address on our records, enter the name of the new regist
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 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
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ective date, if other than the effective date is listed, the date must te: If the date inserted in this blowment's effective date on the Defeated.	date of filing: t be specific and cannot bock does not meet the	be prior to date e applicable s	of filing or more th	(optional) an 90 days after filing uirements, this date) Pursus will no	ant to 605.0 ot be listed
cord specifies a delayed effective s filed.	e date, but not an effo	ective time, a	12:01 a.m. on th	e earlier of: (b) Th	e 90th	day after
ed March 21	, 202	3				
	7 1					
je je	Signature of a member	or authorized	representative of a	nember		

11.