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Special Instructions to I	Filing Officer: J. DE	HORNE C - 8 2022

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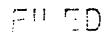
Registration Section

Division of Corpo	Division of Corporations		
SUBJECT: DJJF	nancial Consul	ting ! Marketing ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Calvin E	Name of Person	
		Firm/Company	
	20551 NE 41	St St	
		Address	
	Williston, F	4. 32696	
	Differencial E-mail address: (City/State and Zip Code Ogmail. Com to be used for future annual report not	fication)
For further information con-	cerning this matter, please or	a11-	
Calvin Edw Name of Po	ardy Tr.	352 at () _ 246 - 1 Area Code Daytin	re Telephone Number
Enclosed is a check for the	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 Sec Division of Cor P.O. Box 6327	porations	Street Address: Registration Se Division of Cor The Centre of T	porations allahassee
Tallahassee, FL	JZJ14	2413 N. MONTO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION



OF

2022 DEC -8 AM 10: 56

Djj financial Cons. (Name of the Limited Liabi (A Florid	ulting! Market lity Company as it now appears of da Limited Liability Company)	SECOLIANT OF WALL LAND ON OUT records.)
The Articles of Organization for this Limited Liability Florida document number <u>L 2 2000 468 986</u>		lov. 1st 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here	;:
The new name must be distinguishable and contain the words "Li	mited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ords, <u>enter the name of the new registere</u> c
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floride	street address
	City	, Florida Zip Code
		the court

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMB</u> R	Calvin Edwards, Jr.	20551 NE 4155 St. Willish, FL 34	Add
			_ □Remove
			_ Change
MGR	Calvin Edwards, Ir.	20551 NE 41 St. Willist Ft. 32696	DAdd
			□Remove
			_ Change
AMBR	Cecillia Kdwards	20551 NE 418+ St. [Nilliston, 4.345	<u>t</u> D∕Add
			_ 🗆 Remove
			_ Change
			_ 🗆 Add
			_ □Remove
			_ □Change
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lf an effe <u>Note:</u>	the date, if other than the date of filing:
e 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 ed.
Dated_	Signature of a member or authorized representative of a member Calvin Edwards, Ir. Typed or printed name of signee
	(Chris Bole and . L.
	Signature of a member or authorized representative of a member