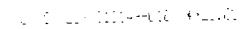
## L23000185042

(Reque	estor's Name)
(Addre	ss)
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(City/S	tate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busin	ess Entity Name)
(Docur	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	ng Officer:

Office Use Only



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## **COVER LETTER**

e.

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

DJEDHANN LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records. Liability Company)	)
he Articles of Organization for this Limited Liability Company	were filed on 04/14/2023	and assigned
lorida document number <u>L23000185042</u>		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		-3
		, a ,
		=======================================
		C)
Enter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
	,	,
		ြင
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	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	Edily Antoine	7760 NW 78th AVE #219	<b>X</b> iAdd
		Tamarac FL 33321	□Remove
			□Change
			DAdd
			□Remove
			Change
			_ pDAdd 당
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			□Change □ / / / / / / / / / / / / / / / / / / /
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			[] Chango

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