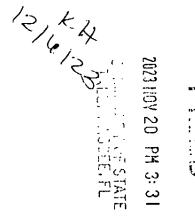


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to rining Officer.





11/20/28--01023--015 ++25.00



COVER LETTER

Division of Co	rporations				
	ING PARTNERS LLC				
зовящет.	Name of Lin				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
	ondence concerning this matter	-			
	JOHNNY MARGARINI				
	Name of Person				
	DJ HOLDING PARTNER				
	Firm/Company				
	1200 PONCE DE LEON I				
	Address				
	CORAL GABLES, FLOR	IDA 33134			
	jmargarini@pointmtg.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report not	ification)		
For further information	concerning this matter, please c	all:			
JOHNNY MARGARIN	:i	305 281-8589 at ()			
Name of Person		Area Code Daytin	ne Telephone Number	- 21	
Enclosed is a check for	the following amount:		KIL	[F.]. [2023 1194 20	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of Si Certified Copyr (additional copyrs)		

Registration Section

TO:

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

DJ PARTNERS HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records to

(A Flor	rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L23000219066	y Company were filed on 05/03/2023	and assigned
This amendment is submitted to amend the following:	 : :	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "!	Limited Liability Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADd	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	ered office address on our records, enter the name e:	of the new registered
Name of New Registered Agent:	.5.	O P
New Registered Office Address:	ដ	
	Enter Florida street address , Florida	TATE
	City	Zip Code
New Registered Agent's Signature, if changing Registe	ered 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
MGR	JOHNNY MARGARINI	1200 PONCE DE LEON #902	□Add
		CORAL GABLES, FL. 33134	■Remove
			□Change
		 .	□ Add
			□Remove
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ffecti	ve date, if ot	her than the da	te of filing:	11/15/2023	4		_ (optional)	STA.	င္မာ က
iote:	If the date inse	erted in this block date on the Depar	does not mee	et the applicat	ole statutory fi	ling requirem	ents, this date	will not be	o n <u>oz.</u> 020 e listed as
record Lis fil	d specifies a de ed.	clayed effective da	ite, but not an	effective tim	e, at 12:01 a.r	n. on the earl	er of: (b) Th	e 90th day	after the
ated	NOVEMBER	15, 2023							

Typed or printed name of signee