

Florida Department of State
Division of Corporations
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L23000489440

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DCMJ INVESMENTS LLC

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1.07 1/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DCMJ INVESMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DALBIS MATOS

Name of Person

PLATINUM TAX FILING INC

Firm Company

1770 W FLAGLER ST STE 5

Address

MIAMI, FL 33135

City/State and Zip Code

DALBIS@ASLANTAXSERVICE.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call.

DALBIS MATOS

305

644-9144

at (

Area Code

Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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☐ \$55.00 Filing Fee &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

DCMJ INVESTMENTS LLC

(Name of the Limited Liability Company, as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/26/2023 and assigned
Florida document number 123000489440.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DCMJ INVESTMENTS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

202

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111

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Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DYANIS M CABAL	3889 NW 4 ST	☐ Add
		MIAMI, FL 33126	☒ Remove
			☐ Change
AMBR	DAYANIS M CABAL	3889 NW 4 ST	☒ Add
		MIAMI, FL 33126	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

