L23000502965

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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400419223254

11/21/28--01016--011 **25.00

COVER LETTER

TO:

TO: Registration Sec Division of Corp			. •	ė,
SUBJECT: DJK	nc Browne Name of Limi	ENT LLC ted Liability Company		
The enclosed Articles of A	umendment and fee(s) are subt	nitted for filing.		
Please return all correspor	idence concerning this matter t	to the following:		
	Paul Com	PU 20n0 Name of Person		
		Firm/Company	<u> </u>	
	9016 Par C	Address	·	ppost (#21
	Hudson Fl	34667		
	Brownies Lo	City/State and Zip Code ve tal a notmail. C to be used for future annual report notif	om ication)	で (1) (2) (2) (2)
For further information co	oncerning this matter, please ca	all:		
Paul Can	1942010 Person	at (727) 271 - Area Code Daytime	5796 Telephone Number	_
Enclosed is a check for th	e 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 Certificate of Certified Cop (additional copy	Status & y
Mailing Addres Registration S	Section	Street Address: Registration Sco		
Division of C P.O. Box 632	orporations	Division of Cor The Centre of T	-	
P.U. BOX 032			e Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJMC BROWNIE ENT	- UC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{L23000502965}{}$.	filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	compa <u>ny here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	:	[67]
(Principal office address MUST BE A STREET ADDRESS)		
		. 2
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 here:	ess on our records, enter the nam	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:		···
	Enter Florida street address	
	, Florida	Zip Code
· ·	<u> </u>	ray come

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
MGR	Paul Campuzano	9016 Par Ct	X ∕Add
		9016 Par Ct Hudson, FL 34667	□Remove
			□Change
			□Remove
			☐Change
			AddRemoveChange
			🗆 Add
			□Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			□Remove
			□ Change

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	<u> 54</u>
	23
ctive date, if other than the date of filing:	(optional) in 90 days after filing.) Pursuant to 605.03
If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	irements, this date will not be listed
s crossing and with Dopalitine in State 5 records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	e earlier of: (b) The 90th day after the
d November 13 . 2023.	
RI /	
Signature of a nember or authorized representative of a n	nember