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(Req	uestor's Name)	
(Addı	ress)	
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(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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FILED
2023 JUL 17 PH 2: 14
S. GRAND TO GE STATE

NINAS



June 21, 2023

KYLE J. STROH 33 E. SCHROCK ROAD WESTERVILLE, OH 43081

SUBJECT: DJH-1, LLC

Ref. Number: M22000011911

We have received your document for DJH-1, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC AMENDMENT, but your entity is a FOREIGN LLC AMENDMENT. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Letter Number: 523A00013982

Yvette Scott Supervisor

www.sunbiz.org

COVER LETTER

_	tration Section on of Corporations			
SUBJECT:	DJH-1, LLC			
_	Name of Forei	gn Limited Liab	oility Co	mpany
Dear Sir or M	adam:			
The enclosed	application, certificate and fee(s) are submitted	for filing	<u>;</u> .
Please return	all correspondence concerning th	nis matter to the	followi	ng: 2023
Kyle J. Stroh				
	Name of Person		_	
Metz, Bailey &	McLoughlin, LLP			2023 JUL 17 PH 2: 11
 -	Firm/Company		-	2: 14 E. F.1
33 E. Schrock F	₹oad			111
	Address		_	
Westerville, Oh	nio 43081			
	City/State and Zip Coc	le	_	
kstroh@metzba	tiley.com			
E-mail addi	ress: (to be used for future annua	l report notifica	tion)	
	formation concerning this matter	•		
Kyle J. Stroh		_ at (<u></u> _	_) <u>882-23</u>	327
	Name of Person	Area Code	& Dayt	ime Telephone Number
	g Address:		Street A	
	tration Section		_	ation Section
	ion of Corporations			on of Corporations
	30x 6327			ntre of Tallahassee
Laltah	nassee, FL 32314			Monroe Street, Suite 810 issee, FL 32303
Enclo	sed is a check for the following	g amount:		
■\$25 Filing I	-	☐ \$55 Filing	Fee &	S60 Filing Fee.
ŕ	Certificate of Status	Certified (Copy	Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Name of limited liability Company as it appearance State:	ears on the records of t	he Florida Departmen	u of
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			7023 U
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			PH 2: 1
2. The Florida document number of this limited	liability company is:	M22000011911	
3. Jurisdiction of its organization: 4. Date authorized to do business in Florida: SECTION 11 (5-9 complete only the applicable) 5. New name of the limited liability company: (If name unavailable, enter alternate name adopted copy of the written consent of the managers or must contain "Limited Liability Company," "L.L.	uly 25, 2022 le changes) DJH-I, LLC ust contain "Limited I ed for the purpose of managing members ad-	transacting business in	'L.L.C.," or "LLC.") 1 Florida and attach a
6. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida Street Ac	ddewe
	r		
-	City	, Flori	Zip Code
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered ag the provisions of all statutes relative to the proper and accept the obligations of my position as registerent is being filed to merely reflect a chang liability company has been notified in writing of	gent and agree to act t er and complete perfo istered agent as provi ge in the registered off	rmance of my duties, a ded for in Chapter 602	and I am familiar with 5, F.S. Or, if this

tle/ Capacity	<u>Name</u>	Address	Type of Action
			□Add
			□Rem
		 	___Add
		 	2023 JUL 17 PH
			E.FL BRem
	_ _		□Add
			□Rem
			□Add
aforementioned am	icate, if required: no more than 90 c endment(s), duly authenticated by the law of which this entity is organ Signature of the	the official having custody of reco	□Rem

Filing Fee: \$25.00