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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	BY DEEDEE LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DIANNA C. WILSON		
	***	Name of Person	
	polled by De	e Dee LLC Firm/Company	
	19148 NW 33RD AVE		
		Address	*
	MIAMI GARDENS, FL 3	3056	
		City/State and Zip Code	
	DIANNAWILSON508@G		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
DIANNA C. WILSON		305 785-8218	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	 '	Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	-
Tallahassee, l	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DOLLED BY DEEDEE LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/16/2021 and assigned
Florida document number L21000123554	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Dolled by Dep Dee LLC	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	20401 NW 2ndave
(Principal office address MUST BE A STREET ADDRESS	o miami 33169 F
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	fice 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: Dian	na Wilson
Name of New Registered Agent:	G(
New Registered Office Address: 204	
	Enter Florida street address
$\underline{\mathcal{M}}_{l}$	<u>am</u> , Florida <u>53,169</u>
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>(ent:</u>

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 familia 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>	Type of Action
MGR	DIANNA C. WILSON	19148 NW 33RD AVE	
		MIAMI GARDENS, FL 33056	□Remove
			■ Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
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Effecti	ve date, if other than the dective date is listed, the date must be	ate of filing:		(optional)	
ir an eri Note:	If the date inserted in this bloc	e specine and cannot be pro-	or to date of filing or more thi icable statutory filing requ	in 90 days after niing.) Pursuant	to 605.0207 be listed as:
	ent's effective date on the Dep				
e recon	d specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on the	e earlier of: (b) The 90th da	v after the
rd is fil		,	,	(c) (c)	.,
Dated	SEPTEMBER 20	2022			
Dateu		,	· · ·		
				~	
				<u> </u>	

Filing Fee: \$25.00

Typed or printed name of signee