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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Division of C | | | |
|-----------------------------------|--|---|---|
| SUBJECT: | Deja Vu Or | ganics LLC ded Liability Company | |
| | Plante of Ellin | red Elability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Dej | A' Cronley | |
| | 3 | Name of Person ' | |
| | | Firm/Company | , |
| | 1593 Hi | ckory St. Address | - |
| | Niceville | FL 32578 City/State and Zip Code | |
| | Dejar Cron JE-mail address: (1 | ley (a) g m a. 1 - com o be usos for future annual report noti | lication) |
| For further information | n concerning this matter, please ca | all; | |
| Deja. | Cronley cof Person | at (\$50) (19- Area Code Daytin | Ce I & Y |
| Enclosed is a check for | r the 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Deja Vu Organies Ll (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | C vy as it now appears on our perords) |
|--|---|
| (A Florida Limited Li | iability Company) |
| The Articles of Organization for this Limited Liability Company v | were filed on |
| Florida document number <u>L14000175099</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | lity company here: |
| The new name must be distinguishable and contain the Words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | —————————————————————————————————————— |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | fice address on our records, enter the name of the ne |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| | Florida |
| Non-Baria and Annals Cincara Schooling Berinaand Anna | Ciţi 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 = M $AMBR = A$ | anager . ùthorized Member | | |
|--------------------|------------------------------|-------------|---|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ive date, if other than the date of filing: Sective date is listed, the date must be specific and cannot be prior to date of filing or most the date inserted in this block does not meet the applicable statutory filingment's effective date on the Department of State's records. | (optional) ore than 90 days after filing.) Pursuant to 6 requirements, this date will not be 1 |
| ecord specifies a delayed effective date, but not an effective ti e 90th day after the record is filed. | me, at 12:01 a.m. on the ea |
| d 9 14-19 Sept 14 2019 Oge Consumer Signature of a member or authorized representative of | |
| Day Carl | |

Page 3 of 3

Filing Fee: \$25.00