## L06000/3330

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations				
DEON LL	C				
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:			
	VIPARAT B PIPPIN				
		Name of Person			
	DEON LLC				
Firm/Company					
2105 TOM STREET					
	Address				
	NAVARRE FL 32566				
		City/State and Zip Code	······································	150 SEO	
	VIPARATB@HOTMAIL.			THE SECOND	
	E-mail address; (	to be used for future annual	report notification)		
For further information c	oncerning this matter, please c	alt:			
GENA HAYES		850 346	5-1836	2024 JAN 11 AH 10: 08 SECT THE SECTOR STATE	
Name o	f Person	Area Code	Daytime Telephone Number	O8	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee & Certified Copy Certificate of Scanditional copy is enclosed)  S60.00 Filing Fee & Certified Copy tadditional copy is			
Mailing Addres Registration ! Division of C	Section	_	Idress: ation Section a of Corporations		
P.O. Roy 632			itre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEON LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records, ated Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L06000113330}{L06000113330}$ .	pany were filed on 11/21/2006	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
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:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2024 LAN
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter tl</u>	E SI
Name of New Registered Agent:		PATE 08
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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 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
AMBR	KANIT NILNAEM	9111 EAGLE NEST DR	<b>■</b> Add
		NAVARRE FL 32566	□Remove
			Change
			□Add
			□Remove
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		12	/29/2023					
Effective date, if other that is an effective date is listed, the c	late must be speci	ific and canno	ot be prior to	date of filing o	r more than 90 c	_ (optional lays after filin	g.) Pursuant	to 605.0201
Note: If the date inserted in document's effective date or				e statutory f	ling requirem	ents, this dat	e will not b	oe listed as
	,							
e record specifies a delayed ord is filed.	:ffective date, b	ut not an el	Tective time	e, at 12:01 a.:	n, on the earli	er of: (b) T	he 90th da	y after the
DECEMBER 29		20	23					
Dated		1-1:-	7)—	11 %				
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Filing Fee: \$25.00

Typed or printed name of signee