L1400187558

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone i	#)
PiCK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2015

ALEJANDRO MORALES 110 SW 51 COURT MIAMI, FL 33134

SUBJECT: DEEP AJ, LLC Ref. Number: L14000187558

We have received your document for DEEP AJ, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6051.

Letter Number: 315A00021063

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	egistration Se ivision of Cor		, in the second of the second	
SUB JE CI	DEEPAJ, I	LLC	·	
SUBJECT	•	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Alejandro Morales		
			Name of Person	
		DEEPAJ, LLC		
			Firm/Company	
		110 SW 51 Ct.		
			Address	
		Miami, Fl 33134		
		jldelmasm@yahoo.es	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further	information c	oncerning this matter, please ca	all:	
Alejandro	Morales		786 543-2393	
	Name o	f Person	at () Area Code Daytime '	Telephone Number
Enclosed is	s a check for th	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)
		ING ADDRESS: ration Section	STREET/COURIE Registration Section	

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

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

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

DEEP AJ, LLC			
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number	ility Company	were filed on 12/09/20	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of t	<u>ne limited liab</u>	ility company here:	
The new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5880 SW 5 Street	
		Miami, Fl. 33144	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or registered agent and/or the new registered office.	registered of e address her	<u>e</u> :	records, enter the name of the ne
Name of New Registered Agent:	Jorge L. Delma	s morales	
New Registered Office Address:	5880 SW 5 Stre	eet	
	Enter Florida street address		
	Miami		, Florida 33144
New Registered Agent's Signature, if changing Reg	•.4 • • • •	City	Zip Code
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this ch	igent and agra and complete red agent as p istered office	performance of my de provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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	Alejandro Morales	110 SW 51 Ct Miami. Fl 33134	□ Add
			■ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add.
			Remove Remove Change
		7	Sum To

v. 11 an	iending any other information, enter change(s) here: (Attach adaitional sheets, if	necessary.)	
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			<u>,</u>
			
E 500	etive date, if other than the date of filing: 09/05/20/5 (ffective date is listed, the date must be specific and cannot be/prior to date of filing or more than 90 days	4*B\	
(If an e		optional) after filing.) Purs	suant to 605.0207 (3)(b)
	If the date inserted in this block does not meet the applicable statutory filing requirements ment's effective date on the Department of State's records.	s, this date will	not be listed as the
	ecord specifies a delayed effective date, but not an effective time, at 12: e 90th day after the record is filed.	01 a.m. on t	he earlier of:
Date	d 09/28/15)		
	Gelde		
	Signature of a recomber or authorized representative of a member	2015	E Progratia
	Alejandro Modes.	<u> </u>	£ 5
	Typed or printed name of signee	9 -	tome
	Page 3 of 3	S 10.	
	_	P 2: 50 F STATE FLORID	_
	Filing Fee: \$25.00	⊃w X	