15000141694

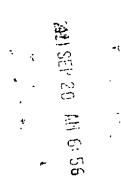
| (F | Requestor's Name) | |
|------------------------|-------------------------|--------|
| (<i>F</i> | Address) | |
| (<i>f</i> | Address) | |
| (0 | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name) | |
| (C | Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions t | o Filing Officer: | - |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400373051054

09/20/21--01004--010 **30.00



O SIMMONS SEP 2 9 2021

COVER LETTER

| TO: Registration S Division of Co | | | |
|---|--|--|-------------|
| | James Deese LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Astrid Deese | | |
| | | Name of Person | |
| | Astrid and James Deese L | LC | |
| | | Firm/Company | |
| | 4010 Foothills Drive | | |
| | ** | Address | |
| | Orlando, FL 32810 | | |
| | | City/State and Zip Code | |
| | adeese l@aol.com E-mail address: (| to be used for future annual report notification) | |
| For further information | concerning this matter, please c | all: | |
| Astrid Decse | | 407 765-0951 at () | |
| Name | of Person | Area Code Daytime Telephone Number | |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Certified Copy (additional copy is enclosed) Certified Co (additional copy | of Status & |
| Mailing Address Registration Division of G P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

221 SE/ 20 All 6: 56

| Astrid and James Deese LLC | | |
|--|--|-----------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our reconted Liability Company) | rds.) |
| The Articles of Organization for this Limited Liability Comp Florida document number L15000141694 | oany were filed on 09/16/2021 | 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 | .iability Company," the designation "LI | .C" 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) | | |
| ···· - | | |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | ice address on our records, <u>ents</u> | er the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addr | ess |
| | , i | Florida |
| | City | FloridaZip Code |
| New Registered Agent's Signature, if changing Registered Ag | ent: | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp | | |

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

| 2321 S.Z.o | 20 | $\hbar r_1$ | 6 : | 56 |
|------------|----|-------------|------------|----|
|------------|----|-------------|------------|----|

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|--|----------------|
| AMBR | Jessica Deese | - 8 | □Adđ |
| | | 4016 Foothills Drive Orlando, FL 32810 | Remove |
| | | | □Chaπge |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | 🗆 Change |
| | | | □ Add |
| | | | 🗀 Remove |
| | | | □Change |
| | | | 🗀 Add |
| | | | □Remove |
| | | | □Change |

| | 221 SEL 20 All 5: 56 |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| an effective date is listed, the date must be specific and cannot be | (optional) se prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 applicable statutory filing requirements, this date will not be listed a |
| cument's effective date on the Department of State's re- | |
| ecord specifies a delayed effective date, but not an effec is filed. | ctive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| September 16 2021 | |
| | |
| | id Deese O.O. |
| | or authorized representative of a member |

Filing Fee: \$25.00