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T. MATTHEWS OCT 2.7 2021

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DEBORAH FLOYD, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Deborah Floyd Name of Person
DEBORAH Floyd, LLC
131 N. OBSERVATORY DR
ORLANDO, FLORIDA 32835 City/State and Zip Code City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deborah Floy D at (A07) 399-5747 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$355.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

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

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

TERROLL	TINVI	\ \ \ }	1001 18 FR	J. 61
(Name of the Limited	Liability Compar Florida Limited L	y as it now appea iability Company)	rs on our records.)	<u> </u>
The Articles of Organization for this Limited Liab Florida document number 12000283	ility Company 3176	were filed on <u>(</u>	2ct. 12,	2021 and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liabi	lity company h	<u>ere</u> :	
The new name must be distinguishable and contain the word	ls "Limited Liabili	ty Company," the	designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>			
B. If amending the registered agent and/or regi agent and/or the new registered office address b		ddress on our i	records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	N/	4		
New Registered Office Address:		E . 121		
		Enter F16	orida street address	
		City	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this ch	and complete pered agent as p gistered office	performance o rovided for in	f my duties, and Chapter 605, F.	I am familiar with and S. Or, if this document is

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 = Mans	ager oorized Member	Address 21 OCT 18 PH 3: 21 Type of Action				
<u>Title</u>	Name	Address	21 OCT 18 PH 3: 21	Type of Action		
APANER	FLOYD, LAWRENCE B.	131 N.	OBSERVATORY DR.	_ □Add		
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effective <u>e:</u> If the	ate, if other the date is listed, the co- e date inserted in effective date or	late must be spe this block do	cific and can es not meet	the applicab	date of filing ble statutory	or more than 9 filing require	(option 0 days after filements, this d	ing.) Pursuant to	605.0207 listed as
cord spec s filed.	cifies a delayed	effective date,	but not an	effective tim	e, at 12:01 a	.m. on the ea	rlier of: (b)	The 90th day	after the
ed <u>(</u>	ctober	12	, <u>c</u>	2021	<u>.</u> •				
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