10/19/23, 4:21 PM

Division of Corporations



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Division of Corporations

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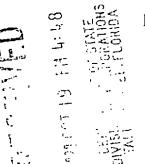
From:

Account Name : HOMMERDING ADVISORS LLC

Account Number : I20220000171 Phone : (954)532-3842 Fax Number : (954)532-3847

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_corporate@eagle-tax.com



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DEGUTHI ENTERPRISES LLC**

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TO:

## **COVER LETTER**

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01111 H222		ENTERPRISES LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	BIECT:    DEGUTHI ENTERPRISES LLC   Name of Limited Limbility Company			
Please returi	a all correspo	ndence concerning this matter	to the following.	
		ALVIN HOMMERDING		
			Name of Person	
		HOMMERDING ADVISO	ORS, LLC	
			Firm/Company	
		3921 NW 37 TERR		
			Address	
		LAUDERDALE LAKES,	FL 33309	
			City/State and Zip Code	
		E-mail address (	to be used for future annual report not	afication)
For further i	nformation o	oncerning this matter, please o	all.	
ALVIN HO	MMERDING	3		
-	Name o	f Peison	Area Code Dayun	ne Telephone Number
Enclosed is	a check for th	ne following amount.		
<b>■</b> \$25.00	Filing Fee		<del>-</del>	
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	_	orporations	Division of Co	
	D. Box 632		The Centre of	
1 a	Hahassee, I	1L 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEGUTHI ENTERPRISES LLC		
(Name of the Limited (A	Liability Company as it now appears on our re Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liab		and assigned
Florida document number L21000027558		
This amendment is submitted to amend the follows	ing:	
A. If amending name, <u>enter the new name of th</u>	ie limited liability company here:	
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation	"I.I.C" or the abbreviation." I.I.C."
Enter new principal offices address, if applicabl	le:	<del></del>
(Principal office address MUST BE A STREET A	ADDRESS)	
	<del></del>	:
Enter new mailing address, if applicable:		+10
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regingent and/or the new registered office address has been addressed of the new registered of the address has been addressed of the new registered of the address has been addressed of the new registered of the addressed of the new registered		nter the name of the new registe
Name of New Registered Agent:	<del></del>	<del></del>
Name of New Registered Agent: New Registered Office Address:	Enter Florida street ad	ddress
		ddress Florida Zıp Code

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 hability 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
CEO	Stephany Lins Rodrigues	16950 W. Dixie Hwy apt 533	🗆 Add
		North Miami Beach, FL 33160	■Remove
			□ Change
CEO	SIMONE DEGUTHI	3921 NW 37 TERR	
		LAUDERDALE LAKES, FL 33309	□Remove
			<b>=</b> Change
		<u>-</u>	□ Add
			Remove
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