Division of Corporations

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(((H21000083393 3)))



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From:

: SIMON & SIGALOS, LLP Account Name

Account Number : I19990000176

Phone Fax Number : (561)447-0017 : (561)447-0018

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEEDEEBOOBS, LLC

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Help

(((H21000083393 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEEDBEBOOBS, LLC		:
(Name of the Limited Liability (A Florida)	Company 3s if new appears on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number L21000080175	mpany were filed on February 17, 2021	and assigned
Florida document number	•	;
This amendment is submitted to amend the following.		•
A. If amending name, enter the new name of the limit	ed liability company here:	:
DEEDEEBOOPS, LLC		~ ·
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	USS)	1
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,	Fc) '77)	C) de
Enter new mailing address, if applicable:		国员
(Mailing address MAY BE A POST OFFICE BOX)		THE
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter the nam</u>	e of the new registered
		:
New Registered Office Address:	Enter Florida street address	
	, Florida	:
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	į
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agen being filed to merely reflect a change in the registered company has been notified in writing of this change.	Nplete performance of my duttes, and I am f nt as provided for in Chanter 605 F.S. Or	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

1

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

Title	Name	Address	Type of Actio
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D. If a	mending any other information, enter change(s) here: (Attach	additional sheete if navarrame	
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(if an é <u>Note</u>	ctive date, if other than the date of flling: effective date is listed, the date must be specific and cannot be prior to date of filing: If the date inserted in this block does not meet the upplicable statutor intent's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pu y filing requirements, this date will	suant to 605.0 not be listed
If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of this The 90	th day offer
record is	filoi.		wy µ4104.
Dates	March 1 2021		
	- OVUS-		:
	Signature of a member or authorized represe	ntative of a member	i