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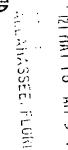
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	JE WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer

Office Use Only

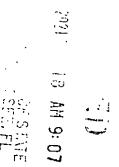


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COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJE	ECT:	DEUCES	REPUTY LLC	
501361		Name of Limited	l Liability Company	
The en	closed Articles of Ar	mendment and fee(s) are submit	tted for filing.	
Please	return all correspond	lence concerning this matter to	the following:	
		MAR	RK A POLAKOVIC	<u>CH</u>
		DE	VCES REACTY Firm/Company	LC_
		1325 HAI	RWICK IANE Address	
			SEFICH, FL 3 City/State and Zip Code	
		E-mail address: (to	DLAKOUCH & GMA be used for future annual report notifi	VL.COM ication)
For fu	rther information cor	ncerning this matter, please call	:	
	MARK A Name of I		at (<u>386_</u>) <u>235-/</u> Area Čode Daytimo	189/ Telephone Number
Enclos	sed is a check for the	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)
	Mailing Address: Registration Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Limited Liability Comp	lany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compan	, , ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
	9: 0 9: 0
Name of New Registered Agent:	[fi]
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent	•
	• •

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 liability 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
MGR	MARK A POLAKOVICH	1325 HARWICK LANE	Z Add
		ORMOND BEACH, FL 321	Z∕⁄⊐Remove
			□Change
			🗆 Add
			□Remove
			□Change
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an effect <u> ote:</u> If	e date, if other than the date of filing:
i is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	5/18/2021 M/ ATM
	Signature of a member or authorized representative of a member