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COVER LETTER

TO:

Registration Section

Div	ision of Corp	orations				
SUBJECT:	DEBS, LLC					
SUBJECT		Name of Lin	ited Liability Company			
The enclosed	d Articles of A	amendment and fee(s) are sub	mitted for filing.			
		dence concerning this matter	-			
r rease return	ran correspon	dence concerning any maner	to the tonowing.			
		CLAUDIA A KAJANOJA	\			
			Name of Person			
	STRATEGIC CONSULTING LLC					
		Firm/Company				
		801 S OLIVE AVE SUITE 114				
		Address				
		WEST PALM BEACH, FL 33401				
		· · · ·	City/State and Zip Code		<u> </u>	
		CANDRADE@STRATEG				
			to be used for future annual re	port notification)		
For further is	nformation co	ncerning this matter, please c	all:			
CLAUDIA.	A KAJANOJA	Λ.	561 283- at ()	5663		
	Name of	Person	Area Code	Daytime Telepho	one Number	
Faclosed is:	check for the	following amount:				
	iling Fee	-	Ti ess no pulsa par e		\$40.00 Elling E.m.	
= \$23.00 f	Timig Pee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Ma	iling Address:		Street Add	ress:		
Registration Section			Registrati	Registration Section		
Division of Corporations				Division of Corporations		
). Box 6327 Jahassee, El			The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

221 SEF 13 AM 10: 30 DEBS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/26/21}{2}$ and assigned Florida document number 1.21000383541 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 Liability Company," the designation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 REST SET 13 ATTIO 30	Type of Action
MGR	DAGMAR BONNIN	701 SOUTH OLIVE AVE, APT 502, FL 33401	
			□ Remove
			= Change
			□Add
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			□Change
			□Add
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Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and cann	not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note: If the date inserted in this block does not meet to document's effective date on the Department of State'.	the applicable statutory filing requirements, this date will not be listed as t is records.
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e record specifies a detayed effective date, but not an e- rd is filed.	effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
id is fried.	
SEPTEMBER 8 20	021
Dated SEPTEMBER 8 20	
	A
Complete	ber or authorized representative of a member
Signature of a memb	oci or aumorized representative or a memoer
CLAUDIA A KAJANOJA	
	ed or printed name of signee

Filing Fee: \$25.00