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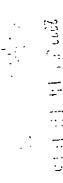
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Demanbye 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:	
Rocheny Fils-Aime Name of Person	
Deman bre LLC Firm/Company	76
4301 Heliotope lop	750
Kissimmee FC 34746 City/State and Zip Code Demo in his Common I Common	
E-mail address: (to be used for future annual report notification)	۱۲,
For further information concerning this matter, please call:	
Rocheny Fils Ame at (212) 470 - 1177 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as (A Florida Limited Liabili	it now appears on our ty Company)	records.)	,
The Articles of Organization for this Limited I		filed on <u>5</u> 19	2002	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	of the limited liability o	company here:		
The new name must be distinguishable and contain the v	vords "Limited Liability Co	mpany," the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)		 -	
				
Enter new mailing address, if applicable:				-
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and/or i agent and/or the new registered office addre	registered office addre ss here:	ss on our records, <u>c</u>	enter the name	of the new registere
Name of New Registered Agent:	Bochen	4 F115	Aime	
New Registered Office Address:	4301 He	Enter Florida street e	<u>Q</u> uldress	
	Kissimme	in	_, Florida <u> </u>	210 Code

New Registered Agent's Signature, if changing Registered Agent:

Demanbre, U.C.

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 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 =	Manager	
	Authorized Member	
<u>Title</u>	<u>Name</u>	

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rocheny Filstine	4301 he 110+rope Kissimmer, FL 34746	Josh Kvan
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			□Change
MGR	Fritze-Bertha Cenatu	5	□Add
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