# 422000267008

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SECRETARY OF STATE

#### **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	Down Soutl	h Deals LLC	•	
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Janet Buitron		
		· ·	Name of Person	
		Down South Deals LLC		
			Firm/Company	
		1235 Providence Blvd. R #	1097	
			Address	
		Deltona, FL 32725		
			City/State and Zip Code	
		downsouthdeals@yahoo.com	n o be used for future annual report notifi	agion)
For furt	her information o	oncerning this matter, please ca	·	cation)
		oncerning this matter, prease et		
Karitza			407 2356226 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■ \$</b> 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 Addres Registration S		Street Address: Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Down South Deals 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 June 10th 2022 and assigned Florida document number L22000267008 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) 1235 Providence Blvd R #1097 Enter new mailing address, if applicable: Deltona, FL 32725 (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 City

#### 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 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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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	ist be specific and cannot be prior to date of block does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursuant to 605.0 atory filing requirements, this date will not be listed
record specifies a delaye he 90th day after the re		fective time, at 12:01 a.m. on the earlier
ed August 26th	2022	
.cu		
() UN	Signature of a member or authorized repr	resentative of a member

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Filing Fee: \$25.00