Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEEP MIND DEVELOPMENT LLC

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deep Mind Development LLC		
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) impany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L22000271024</u>	d on 06/14/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability com	pany here:	
	9	20
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbrevia	ation L.C."
Enter new principal offices address, if applicable:	— , · · · · · · · · · · · · · · · · · ·	NO _Li
	7>	9
(Principal office address MUST BE A STREET ADDRESS)		च ति
	<u>ကက်</u> (၂၀)	
	77	<u>ئ</u> ـ
Enter new mailing address, if applicable:	m m	42
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address o agent and/or the new registered office address here:	n our records, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, Florida	
City	Zi,	p Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete perform	in this capacity. I further agree to ance of my duties, and I am famil	o comply with the iar 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
AMBR	Matthew Ramieri	6007 s. williamson blvd	XPAdd
		port orange fl 32128	□Remove
******************			□Add
			□Remove
			Change
			DAdd
			□Remove
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Effective date, if other than the date of filing:			
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	Signature of	i memori of aumorized representative of a	HIGHIDAL

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Filing Fee: \$25.00