L22000376873

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT: Det	p In Profits	: UC		
	V Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	<u>Tar</u>	14 J. Stephen Name of Person		
	Deep J	In Profits LL(? 	
		th Douglas Roac		22 SE
	Miran	nar FL 3302 City/State and Zip Code	5	P 20
		Onen 21 Omen 1 Come to be used for future annual report notification.		22 SEP 20 FH 1: 00
For further information c	oncerning this matter, please co			00
TariqJ.	Stephen Ferson	at (954) 668	-6317 Telephone Number	_
Enclosed is a check for the	ne following amount:	·	·	
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ 540.00 PU1	٠.,
71 323.00 rming ree	Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy i	Status & y
Mailing Addres	«•	Street Address:		
Registration S	Section	Registration Sec	etion	
Division of C	•	Division of Cor	•	
P.O. Box 632 Tallahassee, 1		The Centre of T 2415 N. Monroe	allahassee Street, Suite 810	
· · · · · · · · · · · · · · · · · · ·				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

leep In Profits L	ll		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on liability Company)	our records.	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200376873</u> .			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			22
	<u> </u>	- .	<u> </u>
Enter new mailing address, if applicable:	NA		20 P
(Mailing address MAY BE A POST OFFICE BOX)			-
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our recor	ds, <u>enter the na</u>	me of the new register
Name of New Registered Agent:	NA		
New Registered Office Address:	NA Enter Florida s	treet address	
	NA	, Florida_	N/A
N. D. C. A. D. C. C. C. C. D. C. D. C.	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am oter 605, F.S. O	familiar with and r, if this document is
1f Chan	MA Aging Registered Agent,	Signature of New R	egistered 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
MGR	Tariq J. Stephen	3380 South Danks Road Apt 105 Miramar, FL 33625	_ ØAdd
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change

n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after this filed.	N/A	
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Fective date, if other than the date of filing: N/A		
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Fective date, if other than the date of filing: N/A (optional)		
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