## 123000076231

| /Por                      | questor's Name)        |
|---------------------------|------------------------|
| Jeri)                     | questors (varie)       |
|                           | <del></del>            |
| (Add                      | diess)                 |
|                           |                        |
| (Add                      | dress)                 |
|                           |                        |
| (City                     | //State/Zip/Phone #)   |
|                           |                        |
| PICK-UP                   | WAIT MAIL              |
|                           |                        |
| (Bus                      | siness Entity Name)    |
|                           |                        |
| (Doc                      | cument Number)         |
|                           |                        |
| Certified Copies          | Certificates of Status |
|                           |                        |
| Consid lastrutions to F   | - Officer              |
| Special Instructions to F | -iling Officer.        |
|                           |                        |
|                           |                        |
|                           | (1) (1)                |
|                           | 57 3/13/23             |
|                           | -                      |
|                           |                        |

Office Use Only



800403557968

03. (3. 23--04009--008 \*\*25.00

FILEL 2023 MAR | 3 PM 2: 03

## **COVER LETTER**

| DEALY LL                   | .C   |   |  |
|----------------------------|--|---|--|
| SUBJECT:                   | Name of Lim                                  | ited Liability Company  |  |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | mitted for filing.  | Attention<br>Sean Toner  |
| Please return all correspo | ondence concerning this matter               | Sean Toner  |  |
|                            | Gavin A. Winston                             |   |  |
|                            |  | Name of Person  |  |
|                            | DEALY LLC                                    |   |  |
|                            |  | Firm/Company  |  |
|                            | 606 NE 207th Street                          |   |  |
|                            | <u> </u>                                     | Address   |  |
|                            | MIAMI, FL, 33179                             |   |  |
|                            | GWINSTON004@GMAIL.                           | City/State and Zip Code   |  |
|                            | E-mail address: (                            | to be used for future annual report notifies                        | ation)   |
| For further information of | concerning this matter, please c             | all:  |  |
| Gavin A. Winston           |  | 312 618-0162  |  |
| Name o                     | of Person                                    | at () Area Code Davtime T   | Celephone Number   |
| Enclosed is a check for t  | he following amount:                         |   |  |
| ■ \$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 Addre              |  | Street Address:  Registration Secti                                 | ion  |

Registration Section

TO:

Registration Section
Division of Corporations

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



DEALY LLC

2023 HAR 13 PM 2: 03

| (Name of the Limited Li<br>(A F   | ability Compa<br>onda Limited | iny as it now appears (<br>Liability Company) | on our records.)  |  |
|---|-------------------------------|---|---|--|
| The Articles of Organization for this Limited Liabili  Florida document number  | ity Company                   | were filed on                                 | W2023 and assigned  |  |
| This amendment is submitted to amend the following  | g:                            |   |   |  |
| A. If amending name, enter the new name of the  | limited liab                  | ility company her                             | 2:  |  |
| he new name must be distinguishable and contain the words   | "Limited Liabi                | lity Company," the des                        | ignation "LLC" or the abbreviation "L.L.C."   |  |
| Enter new arincipal affices address if applicable   | , <b>.</b>                    | 606 NE 207th Stre                             | oct .   |  |
| Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: |                               | Miami, FL                                     |   |  |
|   |                               | 33179   |   |  |
|   |                               | 606 NE 207th Street                           |   |  |
|   |                               | Miami, FL                                     |   |  |
| Mailing address MAY BE A POST OFFICE BOX  | <u> </u>                      | 33179   |   |  |
| B. If amending the registered agent and/or registagent and/or the new registered office address he  Name of New Registered Agent:                   |                               |   | ords, enter the name of the new registe   |  |
| New Registered Office Address:  | 06 NE <b>207</b> ф S          | Street  |   |  |
| 14011   | Enter Florida street address  |   |   |  |
| M   | fiami                         |   | , Florida 33179   |  |
| _   |                               | City  | Zip Code  |  |
| New Registered Agent's Signature, if changing Regis   | stered Agent:                 | <u>:</u>                                      |   |  |
| I hereby accept the appointment as registered agreewisions of all statutes relative to the proper a   | nd complete                   | e performance of n                            | spacity. I further agree to comply with t<br>ny duties, and I am familiar with and<br>napter 605, F.S. Or, if this document is<br>no confirm that the limited liability |  |

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>      | <u>Address</u>                        | Type of Action |
|------------------------|------------------|---------------------------------------|----------------|
| MGR <del>FAMILIA</del> | Gavin A. Winston | 606 NE 207th Street, Miami, FL, 33179 | <b></b>        |
|                        |                  |                                       | <b>=</b> Add   |
|                        |                  |                                       | □Remove        |
|                        |                  |                                       | Change         |
|                        |                  |                                       |                |
|                        |                  |                                       | □Remove        |
|                        |                  |                                       | □Change        |
|                        |                  |                                       |                |
|                        |                  |                                       | □Remove        |
|                        |                  |                                       | Change         |
|                        |                  |                                       | □ Add          |
|                        |                  |                                       | Петоче         |
|                        |                  |                                       | □ Change       |
|                        |                  |                                       |                |
|                        |                  |                                       | □ Remove       |
|                        |                  |                                       | □ Change       |
|                        |                  |                                       | □ Add          |
|                        |                  |                                       | □Remove        |
|                        |                  |                                       | □Change        |

|  |                             |                                       |                            | <del></del>             |
|--|-----------------------------|---------------------------------------|----------------------------|-------------------------|
|  |                             |                                       |                            | <u>.</u>                |
|  |                             |                                       |                            |                         |
|  |                             |                                       |                            |                         |
|  | <del></del>                 |                                       |                            |                         |
| <u></u>  | ·                           |                                       |                            |                         |
|  |                             |                                       |                            |                         |
|  |                             | -                                     |                            |                         |
|  |                             |                                       |                            | <del></del>             |
|  |                             | · · · · · · · · · · · · · · · · · · · |                            |                         |
|  |                             |                                       |                            |                         |
|  |                             |                                       |                            |                         |
|  |                             |                                       |                            |                         |
|  |                             |                                       |                            |                         |
|  |                             |                                       |                            |                         |
|  |                             |                                       |                            |                         |
|  |                             |                                       |                            |                         |
|  |                             |                                       |                            |                         |
|  |                             |                                       |                            |                         |
|  |                             |                                       |                            |                         |
|  |                             |                                       |                            |                         |
| ctive date, if other than t                            | he date of filing:          | 1465%                                 | (option                    | n <b>al</b> )           |
| effective date is listed, the date in the date in this | s block does not meet the a | applicable statutory fi               | ling requirements, this    | date will not be listed |
| iment's effective date on the                          | : Department of State's rea | cords.                                |                            |                         |
| ord specifies a delayed effec                          | die data but not on affac   | tine time at 12:01 a r                | n on the earlier of: (b)   | The 90th day after ti   |
| filed.   | tive date, out not an ence  | uve unic, at 12.01 a.i.               | in our time cannot on. (6) | 112 /00.00              |
|  | 2023                        |                                       |                            |                         |
| March 9  |                             |                                       |                            |                         |
| March 9<br>d   |                             | <del></del>                           |                            |                         |
|  | Mill Vid                    | Tan:                                  |                            |                         |
| March 9  | Builu                       | Tally representat                     | ive of a member            |                         |