## L23000112967

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## **COVER LETTER**

TO:

TO:	Registration Sec Division of Corp					
SUBJE	rem.	DEBORAH	DENYS LLC			
,,01,,11	.01.		ited Liability Company			
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
		MELVI	Name of Person			
		•			٠	
		LEI	PER PLUS Firm/Company			
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		E-mail address: (i	UYS @ CFL. RR. C to be used for future annual report no	COM publication)		·
For fur	ther information co	ncerning this matter, please co			PH 3: 07 OF STATE	œ.
	MELVEN Name of	ZERRUSEN Person	at ( <u>386)</u> <u>76</u> Area Code Dayti	7-3006 me Telephone Number	<u> </u>	
Enclose	ed is a check for the	following amount:			,	
	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
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	Mailing Address Registration Se Division of Co P.O. Box 6327 Tallahassee, F	ection priporations	Street Address: Registration S Division of Co The Centre of 2415 N. Mont Tallahassee, F	orporations Tallahassee oe Street, Suite 8	10	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEBORAH	DENYS LLC
(Name of the Limited Liability Comps (A Florida Limited	any a <u>s it now appears on our records.)</u> Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000112967</u> .	were filed on MARCH 3, 2023 and assigned
This amendment is submitted to amend the following:	(C N
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	thry Company," the designation "L.L.C" or the abbreviation "L.L.G."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	P.O. Box 714.  NEW SMYRNA BEACH, FL  32170  address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code

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 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

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