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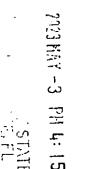
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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: <u>Dean</u>	Will, LLC Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Media	Higgins Name of Person	
	Deanwill	, LLC Firm/Company	
	4819 NI	N 22nd Street	
	Coconut C	reek, FL 330 City/State and Zip Code ina @ g Mail-Coll to be used for Judure annual report notifi	263 7 1000)
	deanwilltow E-mail address: (1	ina @ a Mail-Cor	n in the second
For further information co	ncerning this matter, please ca		
Media H	red of red	at (<u>954</u>) <u>604 –</u> Area Code Daytim	8795 FL
Enclosed is a check for the	e 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 Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Deanwill, LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2300020.334-1</u> .	any were filed on $\Delta \mathcal{L}$	06/ 25, 2023	_ and as	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the des	ignation "LLC" or the abbre	viation "	LL.C."
Enter new principal offices address, if applicable:			202	·
(Principal office address MUST BE A STREET ADDRESS)	2			
			: : :	** * 1
Enter new mailing address, if applicable:			Pil	
(Mailing address MAY BE A POST OFFICE BOX)			 	
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our rec	cords, <u>enter the name (</u>	of the no	ew register
Name of New Registered Agent:				
New Registered Office Address:	Enter Floria	la street address		
_ 	City	Florida	Zip Code	,
New Registered Agent's Signature, if changing Registered Age	·			

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

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:

of removed	irom our recorus:		
MGR = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gerald Williams	4819 NW ZZnd St. Coconut Creek, FL 33063	I \$\time{\infty}\dd
			□Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add

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If amending any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)	
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Effective date, if other than the date of filing: (option (if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file.	nal) ilina i Purenant ta t	SAS 02077
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of	date will not be l	isted as t
document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day a	fter the
ord is filed.	~ <u>≥</u>	
-1.1- 23	973	
Dated 5/1/2023 Media Higgins Signature of a member or authorized representative of a member Media Higgins	2928 E.A.Y	PT
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Media Signature of a member or authorized representative of a member	ω 	
Signaring at a member or authorized representative of a member		. • t i
Madi Him		# **
Media Higgins Typed or printed name of signee	' :: -51	