## L23000212293

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## **COVER LETTER**

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Registration Section

Division of Corporations

Tallahassee, FL 32314

SUBJECT:		tronics LL	
	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:	
	Myron	Miller Name of Person	
		Electronics L	-LC
	1069 Ta	ra Vista Dr	, Ve
	Sarasta,	FL 34232	
	Myron E-mail aydress: (	City/State and Zip Code  City/State and Zip Code  The Code  to be used for future annual report not	ilication)
For further information of	concerning this matter, please co		
Myron	Miller	at (941), 538	-8742
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:	·	
D \$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)
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	27	The Centre of	Fallahassee Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Dedobed Ele	ctronic	cs LL(			
(Name of the Limited Li (A FI	ability Company orida Limited Lia	y as it now appears on ability Company)	our records.)	<u> </u>	_
The Articles of Organization for this Limited Liabili Florida document number L2300021229		_	101/2023	<u>&gt;</u> and	assigned
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the  Dedobed Design L  The new name must be distinguishable and common the words "	1_(		nation "LLC" or the abb	reviation	"LL.C."
Enter new principal offices address, if applicable:		NA			
(Principal office address MUST BE A STREET AL	ODRESS)			202	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>	N/A		JUL 17 4HII: 2)	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office add e:	dress on our recor	ds, <u>enter the name</u>	of the n	iew registere
Name of New Registered Agent:	Myror	L. Mil	ler		<del></del>
New Registered Office Address:	U69 10	169 V15ta Enter Florida st	, , , , , ,		<del></del>
Now Registered Agent's Simulant St. Land 19	Sarasi		Florida3	4) Cod	32
New Registered Agent's Signature, if changing Registe	ered 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

<u>Title</u>	Name	Address	Type of Action
MGR	Wendy L Miller	4133 Chisolm Dr	V_Add
	1	4133 Chisolm Dr Sarasota, FL 34235	□Remove
			□Change
			□Remove
			□Change
	<del></del>		□Add
		<u>-</u>	□Remove
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f amending any other information, enter change(s) here: (Attach additional	, 5	
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	27	
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ffective date, if other than the date of filing:	(optional)	
an effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing respectively.	than 90 days after filing.) Purso quirements, this date will r	uant to 605.0
ocument's effective date on the Department of State's records.		The Hotel
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	ha parties of the The age	1 0
is filed.	ne carner or. (a) The 90th	i day after t
ated July , 2023		
Mar Amil		
Signature of a member or authorized representative of a		

Filing Fee: \$25.00