## L23C0024G433

(Requestor's Name)
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## **COVER LETTER**

Divisi	ion of Corpo	rations			
	Deep Seavo L				
SOBJECT: _	···		ited Liability Company		
The enclosed A	Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return a	ill correspond	ence concerning this matter	to the following:		
		Brendon Simmer			
			Name of Person		
		Deep Seavo LLC			
			Firm/Company		_
		5216 NE 5th Avenue			
			Address		
		Ft Lauderdale, FL 33334			
			City/State and Zip Code		_
		simmerbrendon@gmail.com		374	
			to be used for future annual rep	out notification)	
For further info	ormation con	cerning this matter, please ca			
Brendon Simm	ner		954 253-4	1279	
Name of Person		954 253-4 at () Area Code	Daytime Telephone Numb	er	
Enclosed is a c	check for the	following amount:			
■ \$25.00 Fil	iing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certifie	Filing Fee, ate of Status & d Copy al copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

Street Address:

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

Deep Scavo LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our record Liability Company)	ds.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 5/18/2023	and assigned
Florida document number L23000246433		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	C" or the abbreviation "L.L.C."
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:	e address on our records, <u>ente</u> r	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	Enter vioriaa street äädre	SS
	, F	lorida
	Chy	zip coue

## 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 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

Title	Name	Address	Type of Action
AMBR	Erika Franco	5216 NE 5th Avenue	<b>=</b> Add
		Ft Lauderdale, FL 33334	□Remove
			Change
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			□Remove
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ective date, if other than a effective date is listed, the date is listed in the date inserted in the current's effective date on the	must be specific a is block does not	nd cannot be pri meet the appl	or to date of filing	, or more than 90 da	(optional)  ys after filing.) Pursu  nts, this date will n	ant to 605.020 ot be listed a
cord specifies a delayed effo s filed.	ective date, but no	ot an effective	time, at 12:01	a.m. on the carlie	r of: (b) The 90th	day after the
ed May 20		2024	·			
13	amb	ler_		Line		
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