L23000390272

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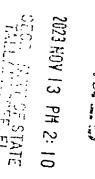
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COVER LETTER

TO:	Registration Se Division of Co		N.	•	• •	
SUBJEC	DEERMO	NULLC				
SUBJE	LI	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Luis Flores				
			Name of Person			
		ZenBusiness INC				
			Firm/Company			
336 E. College Ave Suite 301						
	Address					
		Tallahassee, Fl. 32301				
			City/State and Zip Code			
		fulfillment@zenbusiness.co				
For furtl	ner information o	n-mail address: (concerning this matter, please ca	to be used for future annual report notificall:	ration)	SECTIVITY CALL	ميرح
c/o Zer	iBusiness INC		844 493-6249 at ()		T AD	€==== ;; ;; ;
	Name (of Person	Area Code Daytime	Telephone Number	B PH 2: 1	[]
Enclosed	d is a check for t	he following amount:			1 E 0	
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

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

DEERMONT LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 2023-08-18	and assigned
Florida document number L23000390272		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	<u>liability company here</u> :	
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2023 SEL
		<u> </u>
		- ω P
B. If amending the registered agent and/or registered off	ice address on our records, <u>enter the</u>	name of the new registere
agent and/or the new registered office address here:		
		2: -
Name of New Registered Agent:		150
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Travis Ryan Patterson	1504 Haven Bnd	≣ Add
		Татра, FL 33613	□Remove
			□Change
			□Add
			Change
			OAdd 2023 Internove III SEC DE STALE 13.13 SEE, FI
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	e specific and cannot be prior to date of filing k does not meet the applicable statutory		
ecord specifies a delayed effective of stilled.	late, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th	day after the
red	. 2023		
/s/ PATTERS(ON, KATIE M		