L23000445757

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COVER LETTER

Registration Section

Division of Corporations

TO:

111D ID 000	OWTH LLC		
	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:	
	JUAN FELIPE SABOGAI	-	
		Name of Person	
	DEEP GROWTH LLC		
		Firm/Company	<u> </u>
	13034 Winfield scott blvd		
		Address	
	Orlando / Fl / 32837		
		City/State and Zip Code	
	juan.9.sabogal@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
IUAN FELIPE SABOG	AL	689 2651210 at()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	oited Liability Company as it now appe (A Florida Limited Liability Company	rars on our records.)
The Articles of Organization for this Limited Florida document number 1.23000445757	Liability Company were filed on $\frac{C}{2}$	09/26/2023 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name (of the limited liability company	here:
he new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		2)23 HOV
(Mailing address MAY BE A POST OFFICE	F BOX)	- 6
	registered office address on our	records, enter the name of the new registere
Name of New Registered Agent:	JUAN FELIPE SABOGAL	
New Registered Office Address:	13034 WINFIELD SCOTT BLV	
	Enter Flo	orida street address
	City	, Florida ³²⁸³⁷ Zip Code

New Registered Agent's Signature, if changing Registered Agent:

DEEP GROWTH LLC

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUAN FELIPE SABOGAL	13034 WINFIELD SCOTT BLVD	🗆 Add
			Remove
			andd
			□Remove
			Change
			□Change
			□Remove
			□ Add
			□Remove
			🗖 Add
			□ Remove
			□ Change

111	e correct one is "JUAN FELIPE SABOGAL" without the "SR" title"
Jl	AN as first name, FELIPE as middle name, SABOGAL as last name.
Αl	so, the title wasn't CEO, instead, is manager.
_	
_	
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activ	e date, if other than the date of filing:
i cífc te: l	etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (I the date inserted in this block does not meet the applicable statutory fifing requirements, this date will not be listed as that is effective date on the Department of State's records.
cord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ed _	

Filing Fee: \$25.00

Typed or printed name of signee