L23000507853

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COVER LETTER

		stration Secsion of Cor			
cub inc		DEDEKAT	ION LLC		
SUBJEC	. I i		Name of Lim	ited Liability Company	
The enclo	osed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn	all correspon	ndence concerning this matter	to the following:	
			Deborah Dedek		
				Name of Person	
			Dedekation LLC		
				Firm/Company	
			2507 Sugarloaf Lane		. ;
			· · · · · · · · · · · · · · · · · · ·	Address	
			Fort Lauderdale, FL 33312	2	•
				City/State and Zip Code	
			E-mail address: (to be used for future annual report notification)	
For furthe	er in	formation co	oncerning this matter, please c	all:	
Matthew	Stev	rens		714 280-7097 at ()	
		Name of	Person	at () Area Code Daytime Telephone N	umber
Enclosed	is a	check for the	e following amount:		
\$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy fitional copy is enclosed)
-		ing Address		Street Address:	
	_	istration S ision of Co	ection orporations	Registration Section Division of Corporations	
		Box 6327		The Centre of Tallahassee	
•	Tall	ahassee, F	L 32314	2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dedekation LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	nany as it now appears on our records d Liability Company)	7)
he Articles of Organization for this Limited Liability Compar	ny were filed on 11/08/2023	and assigned
lorida document number L23000507853		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
		• •
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	-	
Trincipia Office address MOST BE A STREET ADDRESS		
nter new mailing address, if applicable:		•
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offic	e address on our records, <u>enter t</u>	the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
N. B. 1. 100 A.H.		
New Registered Office Address:	Enter Florida street address	
 .	, Flo	rida
	Cuit	esp cone

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	William Dedek	2507 Sugarloaf Lane	□AbA□
		Fort Lauderdale, FL33312	□Remove
			■ Change
			□Add
			□Remove
			Change
			bAdd
			Remove
			□Add
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ective date, if other effective date is listed, the e: If the date inserted ument's effective date	te date must be specific in this block does r	c and cannot be prior to not meet the applica	o date of filing or more ble statutory filing r	than 90 days after fil equirements, this d	ing.) Pursuant to 605.020
ument s creetive date	on the Department	or state a records.			
cord specifies a delaye s filed.	d effective date, but	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
November 15 ed		2023			
	10	< l_			
	Signature	of a member or author	rized representative of	a member	